P0500000559

| (Requestor's Name) |
|---|
| |
| (Address) |
| |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
| |
| Special Instructions to Filing Officer: |
| |
| |
| |
| |
| |
| |
| |

Office Use Only



400058432934

U8/11/05--01025--016 **35.00

OS AUG II AM 9: 32

Gevol.

COVER LETTER

TO: Amendment Section

Tallahassee, Florida 32314

| Division of Corporations | | | | | | | |
|---|--|--|--|--|--|--|--|
| SUBJECT: | | | | | | | |
| DOCUMENT NUMBER: PO50000559 | | | | | | | |
| The enclosed Articles of Dissolution and fee are submitted for filing. | | | | | | | |
| Please return all correspondence concerning this matter to the following: | | | | | | | |
| Luisa Bonich | | | | | | | |
| (Name of Person) | | | | | | | |
| (Name of Firm/Company) (Obso SW 166 St #66 | | | | | | | |
| 10440 SW 186 St #66 | | | | | | | |
| (Address) | | | | | | | |
| (Address) Miain: FL 33157 | | | | | | | |
| (City/State/and Zip Code) | | | | | | | |
| For further information concerning this matter, please call: | | | | | | | |
| (Name of Person) at (205) 252-4616 (Area Code & Daytime Telephone Number) | | | | | | | |
| Enclosed is a check for the following amount: | | | | | | | |
| \$35 Filing Fee \$43.75 Filing Fee & \$43.75 Filing Fee & \$52.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (Additional copy is enclosed) (Additional copy is enclosed) | | | | | | | |
| MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 STREET ADDRESS: Amendment Section Division of Corporations 409 E. Gaines Street | | | | | | | |

Tallahassee, Florida 32399

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

| FIRST: | The name of the corporation as currently filed with the Florida Department of State: | |
|----------|--|-----------|
| | Granita by Design, Inc. | |
| SECOND: | The document number of the corporation (if known): | - iv |
| THIRD: | The file date the articles of incorporation: 1/3/05 (CHECK AT LEAST ONE BOX) | |
| FOURTH: | | * |
| | None of the corporation's shares have been issued. The corporation has not commenced business. | 1 7 |
| | The corporation has not commenced business. | |
| FIFTH: | No debt of the corporation remains unpaid. | |
| SIXTH: | The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued. | - |
| SEVENTH: | : Adoption of Dissolution (CHECK ONE) | |
| | A majority of the incorporators authorized the dissolution. | - |
| | A majority of the directors authorized the dissolution. | • |
| Si | Signed this 9th day of August Just | e at t |
| Sign | nature: X Sur Bull | |
| | (By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.) | |
| | (Typed or printed name of person signing) | <u></u> - |
| | President (Title of person signing) | |

Filing Fee: \$35

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

| This "Notice of Corporate Di | <i>issolution</i> " is optic | onal and is not requir | ed when filing | a voluntary dissolu | ation. | |
|---|------------------------------|---------------------------------------|---------------------------------------|-------------------------|---------------|--|
| Name of Corporation: | -Dre | Granite | by 1 | <u>Jesign</u> | Inc. | ' |
| Date of dissolution will be the specified in the Articles of Di | | ion is filed with the | Department of S | State or as | | |
| Description of information th | at must be include | ed in a claim: | | | | |
| | | | <u> </u> | · = · = · | | · -·· · . |
| | | | _ * ser /2: =4 | <u> </u> | | min (1.2), 1250 |
| | | | | | | #* ## <u>*********************************</u> |
| *************************************** | 7-0-3-3 | | <u> </u> | | : | ·· · |
| Mailing address where claims | s can be sent: (Cla | ims cannot be sent to | the Division o | f Corporations) | | |
| | 10840 | SW 186 | 24 42 0 | 466 | 4 T 84 | €DÆ mo = oo , |
| | Mian | i FL 3 | 3157 | - | - | |
| <u></u> | | | · · · · · · · · · · · · · · · · · · · | <u> </u> | | *2 |
| | | | <u></u> | | , 11 <u>.</u> | क्षां, व्यक्तिक्षांतीता ,≗ |
| A claim against the above nat within 4 years after the filing | | vill be barred unless | a proceeding to | enforce the claim | is commenced | ,: |
| | | | | | | |
| Printed Name | of the Person Filing | · · · · · · · · · · · · · · · · · · · | Signatu | re of the Person Filing | <u> </u> |) - 1 설립 시 기회 (환) |