

PD5000056383

Sheila I Saloman
(Name of Person)

Discount Paradise, Inc
(Name of Firm/Company)

8401 SW 107 Ave #322E
(Address)

MIAMI, FL 33173
(City/State and Zip Code)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

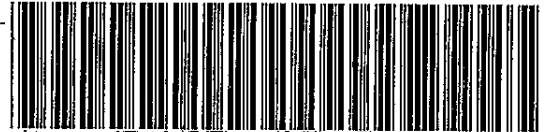
(Document Number)

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FILED
05 OCT 10 PM 1:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DISS. w/notice
SP

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:

Discount Paradise, Inc.

SECOND: The document number of the corporation (if known): P05000056383

THIRD: The file date the articles of incorporation: 4/18/05

FOURTH: (CHECK AT LEAST ONE BOX)

☒ None of the corporation's shares have been issued.

☒ 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.

Signature: _____

(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.)

Sheila I Salomon

(Typed or printed name of person signing)

Regatta agent/Treasurer

(Title of Person Signing)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 Dissolution*" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: Discount Paradise, Inc.

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the *Articles of Dissolution*.

Description of information that must be included in a claim:

The corporation has not commence
business, no debts are unpaid

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

8401 SW 107 Ave #322E
Miami, FL 33173

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Sheila Salomon
Printed Name of the Person Filing

SSalomon
Signature of the Person Filing