

P05000116295

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Diss.

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FAMOLI CORPORATION

DOCUMENT NUMBER: PO5000116295

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Constantino Olivardia, Sr.
(Name of Contact Person)

FAMOLI CORPORATION
(Firm/Company)

8421 NW 197th Terrace
(Address)

Hialeah, FL 33015
(City/State and Zip Code)

For further information concerning this matter, please call:

Constantino Olivardia at (305) 829-2176 or 786-512-1886
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

MAILING ADDRESS:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 21, 2011

CONSTANTINO OLIVARDIA SR
8421 NW 197TH TERR
HIALEAH, FL 33015

SUBJECT: FAMOLI CORPORATION
Ref. Number: P05000116295

We have received your document for FAMOLI CORPORATION and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A withdrawal application to withdraw the authority of a foreign corporation has been submitted in error. Articles of Dissolution must be filed to voluntarily dissolve a Florida corporation.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6925.

Teresa Brown
Regulatory Specialist II

Letter Number: 311A00009152

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, 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:

FAMOLI CORPORATION

SECOND: The document number of the corporation (if known): PO50001162595

THIRD: The date dissolution was authorized: 03-31-2011

Effective date of dissolution if applicable: _____
(no more than 90 days after dissolution file date)

FOURTH: Adoption of Dissolution (CHECK ONE)

☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ Dissolution was approved by the shareholders through voting groups.

The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:

The number of votes cast for dissolution was sufficient for approval by

(voting group)

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)

Constantino Olivardia, Sr.
(Typed or printed name of person signing)

President
(Title of person signing)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 MAY 17 AM 10:08

FILED

Filing Fee: \$35