# P05000132499

(Re	equestor's Name)	
(Address)		
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	<del>: #)</del>
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Document Number)		
Certified Copies	Certificates of Status	
Special Instructions to	Filing Officer:	
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R. WHITE



### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

**Division of Corporations** 

Tallahassee, FL 32314

P.O. Box 6327

SUBJECT: Dissolution of The Nicolosi Com	npany II	
DOCUMENT NUMBER: P0500013245	59	
The enclosed Articles of Dissolution an	nd fee are submitted for filing.	
Please return all correspondence concert	ning this matter to the following:	
Joseph Nicolosi		
(Name of Contact Person)		
The Nicolosi Company II, Inc.		
(Firm/Company)		
728 Sandringham Drive		
	(Address)	
Jacksonville, Florida 32225		
(City/	State and Zip Code)	
For further information concerning this	matter, please call:	
Joseph Nicolosi	at ( <sup>904 221-1750</sup>	
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)	
Enclosed is a check for the following an	nount:	
□ \$35 Filing Fee □ \$43.75 Filing Fee Certificate of Statu	& 🗆 \$43.75 Filing Fee & 🗆 \$52.50 Filing Fee, s Certified Copy (Additional copy is enclosed)  Certified Copy (Additional copy is enclosed)	
MAILING ADDRESS: Amendment Section	STREET ADDRESS: Amendment Section	

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

# 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 The Nicolosi Company II, Inc.	of State:	
SECOND:	The document number of the corporation (if known):		<del>-</del>
THIRD:	The date dissolution was authorized:  February 1, 2016		_
	Effective date of dissolution if applicable: February 1, 2016		_
	(no more than 90 days after dissolution Note: If the date inserted in this block does not meet the applicable statutory filing require not be listed as the document's effective date on the Department of State's records.		will
FOURTH:	Adoption of Dissolution (CHECK ONE)		
	Dissolution was approved by the shareholders. The number of votes cas was sufficient for approval.	t for dissoluti	on
	☐ Dissolution was approved by the shareholders through voting groups.		
	The following statement must be separately provided for each voting group to vote separately on the plan to dissolve:	entitled	
	The number of votes cast for dissolution was sufficient for approval by	17 FE	
	Shareholders	6 4 C	7,1
	(voting group)	PH	- -
	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)		_
	Joseph J. Nicolosi		
	(Typed or printed name of person signing)		_
	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 Dissolution" is optional and is not required when filing a voluntary dissolution.
Name of Corporation:
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:
Pursuant to terms of asset purchase agreement dated 2/1/2016, corporate goodwill, fixed assets and covenants were sold. The
Board of Directors and 100% of shareholders voted to liquidate all assets of the corporation (after payment of any and all
corporate debts). Any assets remaining after payment of debts and obligations are being distributed to shareholders in
proportion to shares owned. There are no suits pending or judgements against the corporation.
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
728 Sandringham Drive, Jacksonville, Florida 32225
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.
Joseph J Nicolosi Joseph J. Audon
Printed Name of the Person Filing Signature of the Person Filing