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(R	equestor's Name)		
(Ad	ddress) .		
(A	ddress)		
(C	ity/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL	
(Bi	usiness Entity Name) '		
(Document Number)			
Certified Copies	Certificates of	Status	
Special Instructions to	Filing Officer:		
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SECRETARY OF STAT

FILED

COVER LETTER

TO: Amendment Section Division of Corporations					
SUBJECT: Dissolution of P.A					
DOCUMENT NUMBER: \$\\ \O 5000 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					
The enclosed Articles of Dissolution and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Martene De Luca Painter (Name of Contact Person)					
(Firm/Company)					
139 Bellezza Terrace (Address)					
(City/State and Zip Code)					
For further information concerning this matter, please call:					
(Ceu) (Name of Contact Person) (Area Code & Daytime Telephone Number)					
Englosed is a check for the following amount:					
\$35 Filing Fee \$\bigcup \\$43.75 Filing Fee & \$\bigcup \\$43.75 Filing Fee & \$\bigcup \\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed) 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					

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 MARLENE DE LUCA PRINTER P	of State:		
SECOND:	The document number of the corporation (if known): POSOO) \3	28120		
THIRD:	The file date of the articles of incorporation: $\frac{10-3-05}{}$	•		
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 distribute to the shareholders, if shares were issued.	buted		
SEVENTH:	Adoption of Dissolution (CHECK ONE)	₽SE	07 MAY	
	A majority of the incorporators authorized the dissolution.	CRETA LAHAS	147	7-7
	A majority of the directors authorized the dissolution.	CRETAKY OF STA LAHASSEE, FLORI	ထ	
Sign	(By a director, president or other officer - if directors or officers have not been selected, by an incin the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)	DA FI	PM 12: 46	5
	Mariene De Lun Painter (Typed or printed name of person signing)			
	Resident (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: 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: Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 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.

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00