

PD5000160457

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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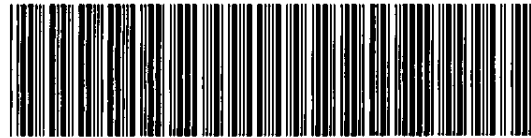
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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C.COULLIETTE

NOV 09 2011

EXAMINER

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Triple 7 Grocery, Inc.

**DOCUMENT NUMBER:** P05000160457

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

Please return all correspondence concerning this matter to the following:

\_\_\_\_\_  
(Name of Contact Person)

Kayali & Co., P.A.

\_\_\_\_\_  
(Firm/Company)

13250 N. 56th St., Suite 102

\_\_\_\_\_  
(Address)

Tampa, FL 33617

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Osama S. Kayali, CPA

\_\_\_\_\_  
(Name of Contact Person)

at ( 813 ) 899-9642

\_\_\_\_\_  
(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

## 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:

Triple 7 Grocery, Inc.

SECOND: The document number of the corporation (if known): P05000160457

THIRD: The date dissolution was authorized: 9/30/2011

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)

FAHIM MALKEYA

(Typed or printed name of person signing)

President

(Title of person signing)

**Filing Fee: \$35**

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GENERAL POWER OF ATTORNEY

BE IT KNOWN, that Fahim Malkeya has made and appointed, and by these presents does make and appoint Riyadh Malkeya true and lawful attorney for him and in his name, place and stead, giving and granting to said attorney, general, full and unlimited power and authority to do and perform all and every act and thing whatsoever requisite necessary to be done in and about the premises as fully, to all intents and purposes, as could be done if personally present, with full power of substitution and revocation, hereby ratifying and confirming all that said attorney shall lawfully do or cause to be done by virtue hereof.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 30<sup>th</sup> day of April, 2011.

Signed, sealed and delivered in the presence of:

TARİK ZEIN EDIN Fahim Malkeya  
Witness Fahim Fihmi Malkeya  
Witness

STATE OF Florida  
COUNTY OF Hillsborough

BE IT KNOWN, that on the 30<sup>th</sup> day of April, 2011, before me, Anwar Mustafa-Hasan, a Notary Public in and for the State and County aforesaid, duly commissioned and sworn, dwelling in the City of Tampa, State and County aforesaid, personally came and appeared Fahim Malkeya, to me personally known, and known to me to be the same person described in and who executed the within power of attorney, and he/she acknowledged the within power of attorney to be his/her act and deed.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name and affixed my seal of office the day and year last above written.

Anwar Mustafa-Hasan  
Notary Public

(SEAL)

My Commission Expires:

