# P05000162469

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Office Use Only



700123860857

M/ with an



T. Roberts APR 29 2008

### **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Articles OF Dissolution
DOCUMENT NUMBER: POS 000 162 669
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Alvaro Charcas (Name of Contact Person)
Alvaro's Studio INC.
Alvaro's Studio, INC. (Firm/Company)
2091 kingswood Ave (Address)
Deltona, FC 32725 (City/State and Zip Code)
For further information concerning this matter, please call:
Alvavo Chavcag at (386) 473-2242  (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
S\$35 Filing Fee ☐\$43.75 Filing Fee & ☐\$43.75 Filing Fee & ☐\$52.50 Filing Fee,  Certificate of Status Certified Copy (Additional copy is enclosed)  Certified Copy (Additional copy is enclosed)  (Additional copy is enclosed)
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327  STREET ADDRESS: Amendment Section Division of Corporations Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

## 08 APR 21 AM 9: 29

## ARTICLES OF DISSOLUTION

Pursuant to of dissoluti	section 607.1403, Florida Statutes, this Florida profit corporation submits the following afficiency.
FIRST:	The name of the corporation as currently filed with the Florida Department of State:  Alvaro's Studio INC.
SECOND:	The document number of the corporation (if known): PO500016266
THIRD:	The date dissolution was authorized: $04/10/2008$
	Effective date of dissolution if applicable: 04/10/2008  (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)
	(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. Alvards Studio INC 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.

Signature of the Person Filin