P05000105050

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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COVER LETTER

TO: Amendment Section

Division of Corporations	-
SUBJECT: Dissolution of Mutiny Studios	
DOCUMENT NUMBER: <u>P05000165650</u>	
The enclosed Articles of Dissolution and fee are sub	omitted for filing.
Please return all correspondence concerning this mat	ter to the following:
Kathryn Newby Diana	
(Name of Contact P	Person)
Mutiny Studios	
(Firm/Compar	ny)
15060 SW 49 LN #A	
(Address)	
Miami, FL 33185	·
(City/State and Zip	Code)
For further information concerning this matter, pleas	e call:
Kathryn Diana at (786) 390-8938
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
Certificate of Status Certifi	5 Filing Fee & \$\sum \\$52.50 Filing Fee, ed Copy
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 State:	
	Mutiny Studios , エNC・	
SECOND:	The document number of the corporation (if known): P05000165650	
THIRD:	The file date of the articles of incorporation: 1/23/07	
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 corporation has not commenced business. No debt of the corporation remains unpaid. The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.	
SEVENTH:	Adoption of Dissolution (CHECK ONE)	
	A majority of the incorporators authorized the dissolution.	
	A majority of the directors authorized the dissolution.	
Sign	Additional control of the control of	
	(Title of Person Signing)	

Filing Fee: \$35