

PO6000004432

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

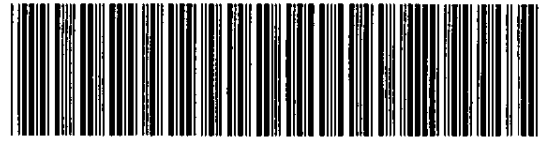
(Business Entity Name)

(Document Number)

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2009 JAN 20 AM 10:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dissolution w/Notice

TR 1-28-09

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CLOSING AND DISSOLUTION OF ARELI, INC

**DOCUMENT NUMBER:** P06000004432

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

Please return all correspondence concerning this matter to the following:

VERNON G. BLANCHETTE, Jr.

(Name of Contact Person)

ARELI, INC

(Firm/Company)

3590 MELROSE AVE

(Address)

TITUSVILLE, FL 32780

(City/State and Zip Code)

For further information concerning this matter, please call:

VERNON BLANCHETTE

(Name of Contact Person)

at ( 321 ) 806-9081

(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



## 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: Areli, Inc

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:

The LEGAL ENTITY MAKING A CLAIM.

The Name, address, AND phone number of the person making the claim.

A description of the claim including the product name, date purchased, who purchased the product, the price paid, where the product was shipped to, the date it was received, and its condition upon arrival.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

V. BLANCHETTE  
3590 Melrose Ave  
Titusville, FL 32780

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.

VERNON G. BLANCHETTE, JR.  
Printed Name of the Person Filing

Vernon G. Blanchette, Jr.  
Signature of the Person Filing

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