

PO600022992

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

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Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

21909



200142978892

02/17/09--01022--012 \*\*35.00

D:SS/w/notice/notice

*[Signature]*

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2009 FEB 17 AM 9:56

FILED

**STEVEN E. FISHMAN**  
Certified Public Accountant  
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EMAIL [steve@sefishmancpa.com](mailto:steve@sefishmancpa.com)

February 11, 2009

Florida Department of State  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314


Re: The David Kracov Gallery Inc.,

Dear Agent:

Please find enclosed Articles of Dissolution for The David Kracov Gallery, Inc. Please also find enclosed a check made payable to the Florida Department of State in the amount of \$35.

Please feel free to call me if you have any questions.

Very truly yours,



Steven E. Fishman, CPA

Enc:

cc: David Kracov

## 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:

The David Kracov Gallery, Inc.

SECOND: The document number of the corporation (if known): P0600002292

THIRD: The date dissolution was authorized: 12/31/08

Effective date of dissolution if applicable: 12/31/08  
(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 or that fiduciary)

David Kracov

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2009 FEB 17 AM 9:02

FILED

## 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: \_\_\_\_\_

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:

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

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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.

DAVID R KRACOV

Printed Name of the Person Filing

[Signature]

Signature of the Person Filing

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