

PD6000025239

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

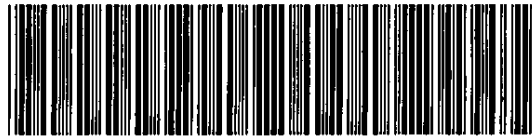
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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08/15/06--01013--021 **35.00

FILED
06 AUG 31 PM 3:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D:SS.

SP

**PLEASE USE THIS LETTER TO
AUTHORIZE THE CLOSING OF MY
COMPANY (ART RECUP OF ITALY INC.)
FEE HAS BEEN SENT IN.**

**THERE ARE NO OTHER OFFICERS OR
SHARES.**

THANK YOU,

A handwritten signature in black ink, appearing to read 'Robert De Romo', is written over the printed name.

ROBERT DE ROMO

PRESIDENT

561-262-6116



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 23, 2006

Robert DeRomo
Art Recup of Italy Inc.
1450 SW 11 Terrace
Pompano Beach, FL 33069

SUBJECT: ART RECUP OF ITALY INC.
Ref. Number: P06000025239

We have received your document for ART RECUP OF ITALY INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Articles of Revocation of Dissolution cannot be filed for an active Florida corporation. If you are trying to voluntarily dissolve the corporation enclosed is information on filing Articles of Dissolution.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6901.

Susan Payne
Senior Section Administrator

Letter Number: 906A00051953

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:

Act Recap of Italy Inc.

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

THIRD: The date dissolution was authorized: August 00 2006

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

Myself -
(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)

ROBERT DeRomo
(Typed or printed name of person signing)

president
(Title of person signing)

Filing Fee: \$35

FILED
06 AUG 31 PM 3:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: ART Recap of IDG 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:

None

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

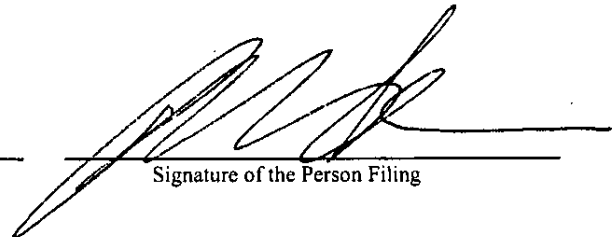
1450 SW 11 TRAIL

Pompano Beach, FL 33069

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.

ROBERT DeRamo

Printed Name of the Person Filing



Signature of the Person Filing

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