

P0600003 9094

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

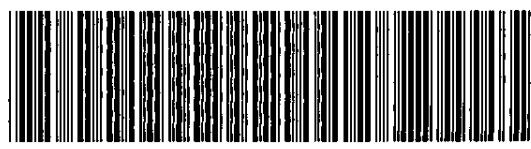
(Business Entity Name)

(Document Number)

Certified Copies 1 Certificates of Status 1

Special Instructions to Filing Officer:

Office Use Only



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11/10/11--01034--012 \*\*52.50

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FILED  
11 DEC -5 PM 3:28  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

11-12-5-6



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 14, 2011

JOSE ALVAREZ  
JOSE ALVAREZ STUDIO, INC.  
12000 NW 8 ST  
PLANTATION, FL 33325

SUBJECT: JOSE ALVAREZ STUDIO, INC.  
Ref. Number: P06000039094

We have received your document for JOSE ALVAREZ STUDIO, INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Jose Alvarez must sign document.

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) 245-6892.

Tina Roberts  
Regulatory Specialist II

Letter Number: 611A00025732

RECEIVED

11 DEC -5 AM 8:08

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** JOSE ALVAREZ STUDIO, INC

**DOCUMENT NUMBER:** P06 39094

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

Please return all correspondence concerning this matter to the following:

JOSE ALVAREZ

(Name of Contact Person)

JOSE ALVAREZ STUDIO INC

(Firm/Company)

12000 NW 8 ST

(Address)

PLANTATION, FL 33325

(City/State and Zip Code)

For further information concerning this matter, please call:

JOSE ALVAREZ

(Name of Contact Person)

at ( 954 ) 560-1114

(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

## ARTICLES OF DISSOLUTION

FILED

11 DEC -5 PM 3:28

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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:

JOSE ALVAREZ STUDIO, INC.

SECOND: The document number of the corporation (if known): Po 60000 39094

THIRD: The date dissolution was authorized: 10/25/11

Effective date of dissolution if applicable: 10/25/11

(no more than 90 days after dissolution file date)

FOURTH: Adoption of Dissolution (CHECK ONE)

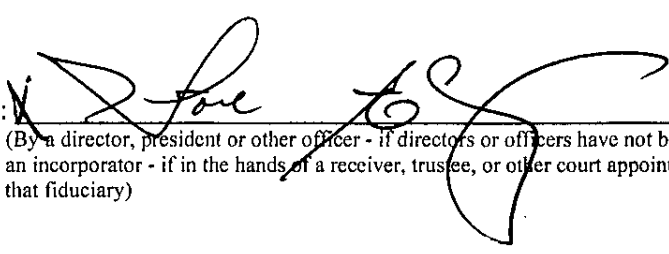
☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ 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)

JOSE ALVAREZ

(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.

Name of Corporation: JOSE ALVAREZ STUDIO, 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:

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

12000 NW 8 ST  
PLANTATION, FL 33325  

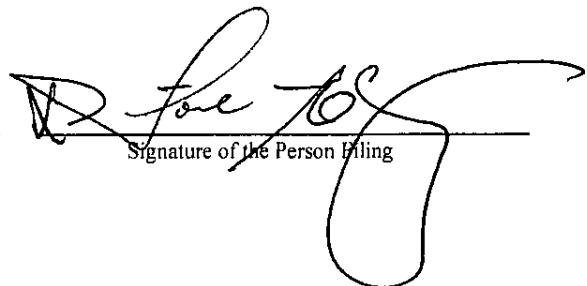
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A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

JOSE ALVAREZ

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**