## 206000044227

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	(Address)
. (	(Address)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
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## **COVER LETTER**

<b>TO:</b> Amendment Section Division of Corporations	. •
SUBJECT: Dissolution of	Finer Acquisitions, Inc.
DOCUMENT NUMBER: POGOCO	044327
The enclosed Articles of Dissolution and fee are	submitted for filing.
Please return all correspondence concerning this r	natter to the following:
Michelle Kilcher (Name of Contact	
Finer Acquisit	ions, Inc.
_	F97
2590 Englewood (Address	,
Niskayuna, Ni (City/State and	Y 12309
(City/State and	Zip Code)
For further information concerning this matter, pl	ease call:
Michelle Kilcher (Name of Contact Person)	t (518) 382-3331 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
Certificate of Status Cer (Ad	3.75 Filing Fee & \$\sum \\$52.50 Filing Fee, tified 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 607.1403, 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:
	Finer Acquisitions, INC.
SECOND:	The document number of the corporation (if known): PO 6 0000 44337
THIRD:	The date dissolution was authorized: APCI 20, 2009
	Effective date of dissolution if applicable: April 20,2009  (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.
	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
	the shareholders  (voting group)
	(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)
	Michelle Kilcher
	(Typed or printed name of person signing)
	SVTD
	(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: Finer Acquisitions, Inc.
Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the <i>Articles of Dissolution</i> .
Description of information that must be included in a claim:
·
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
2590 Englawood Ave.
Niskayuna, NY 12309
<del></del>
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.
Michelle Kilcher Michello Way  Printed Name of the Person Filing  Signature of the Person Filing