

PO6000048737

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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FILED
2008 AUG -4 AM 11:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dissolution

TB

8/8/08

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Maria's Cleaning, Inc.

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

Maria Villani
(Name of Contact Person)

Maria's Cleaning, Inc.
(Firm/Company)

2426 Orchid Bay Dr # 204
(Address)

Naples, Florida 34109
(City/State and Zip Code)

For further information concerning this matter, please call:

Maria Villani at (239) 592-1383
(Name of Contact Person) (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)

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, 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:

Maria's Cleaning, Inc.

SECOND: The document number of the corporation (if known): PD6000048737

THIRD: The file date of the articles of incorporation: 4/5/2006

FOURTH: (CHECK AT LEAST ONE BOX)

☒ None of the corporation's shares have been issued.

☐ The corporation has not commenced business.

FIFTH: No debt of the corporation remains unpaid.

SIXTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.

SEVENTH: Adoption of Dissolution (CHECK ONE)

☒ A majority of the incorporators authorized the dissolution.

☐ A majority of the directors authorized the dissolution.

Signature: Maria Villani

(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.)

MARIA VILLANI

(Typed or printed name of person signing)

President

(Title of Person Signing)

Filing Fee: \$35

To: Department of State
Division of Corp.
P.O. Box 6327
Tallahassee, FL 32314

FILED
2006 AUG -4 AM 11:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA