## P06000051720

| (Requestor's Name)                      |
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| (Business Entity Name)                  |
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## **COVER LETTER**

| Division of Corporations   |  |  |  |
|--|--|--|--|
| SUBJECT: TAMARA MASON P.A  |  |  |  |
| DOCUMENT NUMBER: <u>P06000051720</u>   |  |  |  |
| The enclosed Articles of Dissolution and fee are submitted for filing.   |  |  |  |
| Please return all correspondence concerning this matter to the following:  |  |  |  |
| Name of Contact Person)  |  |  |  |
| TAMARA MASON P.A (Firm/Company)  |  |  |  |
| 5219 Willy Street  |  |  |  |
| Hollywood Fl 33021 (City/State and Zip Code)   |  |  |  |
| For further information concerning this matter, please call:   |  |  |  |
| TAMARA MASON at (954) 549-5086  (Name of Contact Person) (Area Code & Daytime Telephone Number)  |  |  |  |
| Enclosed is a check for the following amount:  |  |  |  |
| \$35 Filing Fee \$\bigcup \\$43.75 Filing Fee & \$\bigcup \\$43.75 Filing Fee & \$\bigcup \\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed) (Additional copy is enclosed)    |  |  |  |
| MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301 |  |  |  |



## FLORIDA DEPARTMENT OF STATE Division of Corporations

September 16, 2009

TAMARA MASON 5219 WILEY STREET HOLLYWOOD, FL 33021

SUBJECT: TAMARA MASON PA Ref. Number: P06000051720

We have received your document for TAMARA MASON PA and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fee to file articles of dissolution or a certificate of withdrawal is \$35. Certified copies are optional and are \$8.75 for the first 8 pages of the document, and \$1 for each additional page, not to exceed \$52.50.

Articles of Dissolution must comply with either section 607.1401 or 607.1403, Florida Statutes.

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) 245-6916.

Letter Number: 309A00030509

Carol Mustain Regulatory Specialist II

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

## 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:   |                          |  |
|----------|--|--------------------------|--|
|          | TAMARA MASON PA  | <del></del>              |  |
| SECOND:  | The document number of the corporation (if known): Po60006   |                          |  |
| THIRD:   | The file date of the articles of incorporation:  | P 21                     |  |
| FOURTH:  | (CHECK AT LEAST ONE BOX)   | 8 PA                     |  |
|          | None of the corporation's shares have been issued.   | 1: 32<br>STATE<br>FLORID |  |
|          | The corporation has not commenced business.  | <b>A</b>                 |  |
| FIFTH:   | No debt of the corporation remains unpaid.   |                          |  |
| SIXTH:   | The net assets of the corporation remaining after winding up have been distr<br>to the shareholders, if shares were issued.  | ibuted                   |  |
| SEVENTH: | Adoption of Dissolution (CHECK ONE)  |                          |  |
|          | A majority of the incorporators authorized the dissolution.  |                          |  |
|          | A majority of the directors authorized the dissolution.  |                          |  |
|          |  |                          |  |
| Signa    | ature:  (By a director, president or other officer - if directors or officers have not been selected, by an i in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.) | ncorporator - if         |  |
|          | (Typed or printed name of person signing)  |                          |  |
|          | President (Title of Person Signing)  |                          |  |

Filing Fee: \$35