

PO6000000560824

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

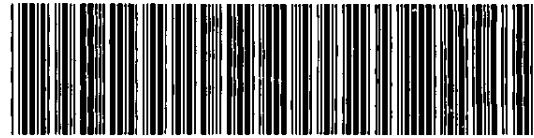
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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09/24/10--01018--022 \*\*43.75

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
10 OCT 19 PM 2:38

Art Diss  
CC  
@ 10/19/10



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 24, 2010

LEONARDO SEOANE VEGA  
LUKY LOVE CORP  
4035 NORTH MERIDIAN AVENUE - APT #205  
MIAMI BEACH, FL 33140

SUBJECT: LUCKY LOVE CORP  
Ref. Number: P06000056824

*Sent wrong Form*

We have received your document for LUCKY LOVE CORP and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above listed corporation was administratively dissolved or its certificate of authority was revoked for failure to file its 2007 corporate annual report/uniform business report form. To reinstate, the corporation must submit a completed reinstatement application or a current corporate annual report/uniform business report form and the appropriate fees.

The changes reflected in your document can be made on the reinstatement application. You can deduct the fee previously submitted from the reinstatement fee due.

The total amount due to reinstate is \$1156.25.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton  
Regulatory Specialist II

Letter Number: 710A00022793

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Dissolution of Lucky Love Corp

**DOCUMENT NUMBER:** P06000056824

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

Please return all correspondence concerning this matter to the following:

Leonardo Seoane Vega

(Name of Contact Person)

Lucky Love Corp

(Firm/Company)

4035 N Meridian Avenue #205

(Address)

Miami Beach, FL 33140

(City/State and Zip Code)

For further information concerning this matter, please call:

Leonardo Seoane Vega

(Name of Contact Person)

at ( 786 ) 709-3139

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input checked="" type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(Additional copy is<br>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

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:

Lucky Love Corp

SECOND: The document number of the corporation (if known): P06000056824

THIRD: The file date of the articles of incorporation: 04/20/2006

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: 

(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.)

Leonardo Seoane Vega

(Typed or printed name of person signing)

Director

(Title of Person Signing)

**Filing Fee: \$35**

10 OCT 19 PM 2:38

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA