

PO6000059688

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

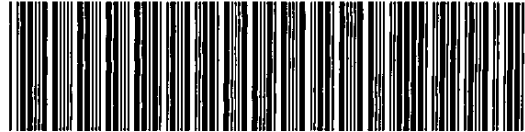
(Business Entity Name)

(Document Number)

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

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12/19/06--01027--013 \*\*30.00

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FILED  
07 JAN 12 AM 10:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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REG  
1/10/07



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 27, 2006

FIORDALIZA PENA  
ACCESORIES BY FIOR, INC.  
119 WOODLAND RD.  
PALM SPRINGS, FL 33461

SUBJECT: ACCESORIES BY FIOR, INC  
Ref. Number: P06000059688

We have received your document for ACCESORIES BY FIOR, INC and check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$5.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

THE ABOVE ENTITY IS A FLORIDA DOMESTIC CORPORATION NOT A LIMITED LIABILITY COMPANY. THE WRONG FORM AND FEE HAS BEEN SUBMITTED.

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

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.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Karen Gibson  
Document Specialist Supervisor

Letter Number: 706A00072633

RECEIVED  
MAR 8 - 2007  
DIVISION OF CORPORATIONS

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Dissolution of Corporation

**DOCUMENT NUMBER:** P06000059688

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

Please return all correspondence concerning this matter to the following:

Fiordaliza Peña  
(Name of Contact Person)

Accessories by Fiore, INC  
(Firm/Company)

119 Woodland Rd.  
(Address)

Palm Spring FL. 33461  
(City/State and Zip Code)

For further information concerning this matter, please call:

Fiordaliza Peña at ( 561 ) 386-5027 <sup>or</sup> ( 561 ) 434-9580  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$35 Filing Fee ☐ \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee,  
30 - previous Certificate of Status Certified Copy Certificate of Status &  
5 - ck now - (Additional copy is Certified Copy  
enclosed) 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:

ACCESORIES by FIBR, INC

SECOND: The document number of the corporation (if known): P 06000059688

THIRD: The file date of the articles of incorporation: \_\_\_\_\_

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.)

Fiordalizo Peña

(Typed or printed name of person signing)

President

(Title of Person Signing)

FILED  
07 JAN 12 AM 10:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Filing Fee: \$35