

P06000084762

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H07000183081 3)))



H070001830813ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)205-0380

From: Account Name : RAUL RICARDO, C.P.A.
Account Number : I19990000200
Phone : (305)825-4777
Fax Number : (305)824-4997

FILED
07 JUL 17 AM 9:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DISSOLUTION OR WITHDRAWAL

CLEMENTE WILSON P.A

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

RECEIVED
07 JUL 17 AM 8:00
DIVISION OF CORPORATIONS

D. S. [Signature]

Electronic Filing Menu

Corporate Filing Menu

Help

H070001830813

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:
Clemente Wilson, P.A.

SECOND: The document number of the corporation (if known): **P06000084762**

THIRD: The file date of the articles of incorporation: **6/21/06**

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.)

Clemente Wilson

(Typed or printed name of person signing)

Director

(Title of Person Signing)

Filing Fee: \$35

H070001830813

FILED
07 JUL 17 AM 9:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA