## P06000126784

(Da	questor's Name)	
(Re	questor's (vame)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
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PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	<del></del>
Certified Copies	Certificates	s of Status
Contined Copies		
Special Instructions to	Filing Officer:	
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## **COVER LETTER**

<b>TO:</b> Amendment Section Division of Corporations	•
SUBJECT: Dissolution of S	urpriseBox inc
DOCUMENT NUMBER: P0600	00126784
The enclosed Articles of Dissolution	and fee are submitted for filing.
Please return all correspondence conc	erning this matter to the following:
Guy Murano	
(Nan	ne of Contact Person)
Surprise Box inc	
	(Firm/Company)
1334 NE 33rd Ln	
	(Address)
Cape Coral, Fl. 33909-3	322
	ty/State and Zip Code)
For further information concerning th	is matter, please call:
Guy Murano	at ( 239 ) 707-6451
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following	amount:
\$\square \text{\$\square}\$	
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

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## 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:
	Surprise Box Inc ,
SECOND:	The document number of the corporation (if known): P06000126784
THIRD:	The file date of the articles of incorporation: 10/04/2006
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.
Sign	ature:  (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.)  (Typed or printed name of person signing)  Presided  (Typed or printed name of person signing)

Filing Fee: \$35

## **Notice of Corporate Dissolution**

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.
This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.
Name of Corporation: Surprise Box INC .
Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the <i>Articles of Dissolution</i> .
Description of information that must be included in a claim:
Not enough Business to support the operation. Decieded to close
due to a great loss of customer, and economy effects.
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
Surprise Box inc
1334 NE 33rd Ln
Cape Coral FI 33909
A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00