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## **COVER LETTER**

1 6

Tallahassee, FL 32301

Division of Corporations	
SUBJECT: VOLINO IN	C
DOCUMENT NUMBER: PO600015	4184
The enclosed Articles of Dissolution and fee are subm	itted for filing.
Please return all correspondence concerning this matter	to the following:
SUBUDAN VEZ	! Kovsk 1
(Name of Contact Pers	son)
VOLINO IN	10
(Firm/Company)	
49 ZEPHYN (Address)	LILY TRAIL
(Address)	
PACH COAST (City/State and Zip C	FC 32,1601
(City/State and Zip C	Code)
For further information concerning this matter, please c	all:
(Name of Contact Person) (A	Area Code & Daytime Telephone Number
	Area code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
\$35 Filing Fee \$\bigs\\$43.75 Filing Fee \& \$\bigs\\$43.75 F \\ Certificate of Status Certified (Addition enclosed)	Copy Certificate of Status & Certified Copy
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
1 attatia5566, 11L 32314	2001 Executive Center Circle

## 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:		
	VOLINO, INC		
SECOND:	The document number of the corporation (if known): Po6000154184		
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: & Stokester Veliderica			
	(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)		
(Typed or printed name of person signing)			
	(Title 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: //oc/No INC Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution. Description of information that must be included in a claim: The name and advers of claimant Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 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. SCOKODAN VEZKOVSKI
Printed Name of the Person Filing