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.

(((H110001164563)))



H110001164563ABCZ

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : AIT PLUS CONSULTING

Account Number : 120080000061 Phone : (407)582-9830

Fax Number : (407)582-9832

DISSOLUTION OR WITHDRAWAL MARAMONT, CORP

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

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Corporate Fi

Help

April 28, 2011

FLORIDA DEPARTMENT OF STATE Division of Corporations

MARAMONT, CORP

8421 S. ORANGE BLOSSOM TRAIL # 112

ORLANDO, FL 32809

SUBJECT: MARAMONT, CORP

REF: P06000157219

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

PLEASE ADD THE CORPORATE NAME TO THE NOTICE OF DISSOLUTION.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6906.

Darlene Connell Regulatory Specialist II FAX Aud. #: H11000116456 Letter Number: 611A00010354

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11 APR 28 AM 8: 06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section	•
Division of Corporations	•
SUBJECT: DISSOLUTION	
DOCUMENT NUMBER: P0600015	57219
The enclosed Articles of Dissolution and fe	ee are submitted for filing.
Please return all correspondence concerning	this matter to the following:
MARIA PINHEIRO	
	Contact Person)
AIT PLUS CONSULTING, LI	•
	/Company)
	• •
8421 S ORANGE BLOSSON	
(Ac	ldress)
ORLANDO, FL 32809	
	e and Zip Code)
For forther information conserving this was	
For further information concerning this mat	er, please call:
MARIA PINHEIRO	at (407) 582-9830 (Area Code & Daytime Telephone Number)
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount	nt:
\$35 Filing Fee \$\infty\$\$43.75 Filing Fee & [\$43.75 Filing Fee & \$\infty\$\$52.50 Filing Fee,
Certificate of Status	Certified Copy Certificate of Status &
	(Additional copy is Certified Copy
	enclosed) (Additional copy is enclosed)
	Citolosou
MAILING ADDRESS:	STREET ADDRESS:
Amendment Section	Amendment Section
Division of Corporations P.O. Box 6327	Division of Corporations
Tallahassee, FL 32314	Clifton Building

Tallahassee, FL 32301

- क्षित्राच्या र शब्द

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401,	Florida Statutes,	this Florida pr	ofit corporation	submits the following
articles of dissolution:		-	•	-

FIRST:	The name of the corporation as currently filed with the Florida Department of State:
111011	MARAMONT, CORP
SECOND:	The document number of the corporation (if known): P06000157219
THIRD:	The file date of the articles of incorporation: 12/27/2006
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: ×
Sign	(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.)
	VANESSA DE MEDEIROS MARACIN
	(Typed or printed name of person signing)
	PRESIDENT (Title of Person Signing)
	(sine or a mon organis)

Filing Fee: \$35

in arraign \$25, x a c

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: MARAMONT CORP
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 COMPANY HAVE NO MORE BUSINESS.
. 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.
VANESSA DE MEDEIROS MARACCIN Printed Name of the Person Filing Signature of the Person Filing

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