

P 07000044856

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

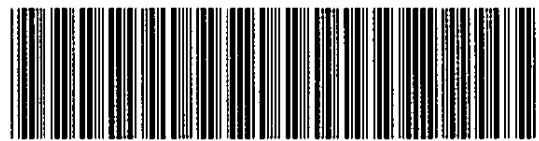
(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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03/04/10--01012--001 \*\*25.00

03/30/10--01024--002 \*\*10.00

FILED  
10 MAR 30 PM 12:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 10, 2010

PAUL PAFTE  
PAULANDA'S INC.  
1161 GIRVIN RD.  
JACKSONVILLE, FL 32225

SUBJECT: PAULANDA'S, INC.  
Ref. Number: P07000044856

We have received your document for PAULANDA'S, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

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.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6880.

Karen Gibson  
Document Specialist Supervisor

Letter Number: 310A00005994

RECEIVED  
MAR 10 9 30 AM '10  
2010

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Corporate Dissolution

**DOCUMENT NUMBER:** PO7000044856

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

Please return all correspondence concerning this matter to the following:

Paul F. Paffe  
(Name of Contact Person)

Paulanda's, Inc.  
(Firm/Company)

1161 Girvin Rd.  
(Address)

Jacksonville, FL 32225  
(City/State and Zip Code)

For further information concerning this matter, please call:

Paul at (904) 484 4015  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$35 Filing Fee    ☐ \$43.75 Filing Fee & Certificate of Status    ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)    ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

\$25 already  
provided.

\$10 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:

Paulanda's Inc.

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

P07000044856

THIRD: The file date of the articles of incorporation:

4-10-2007

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.

FILED  
10 MAR 30 PM 12:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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.)

Paul F. Paffe

(Typed or printed name of person signing)

President

(Title of Person Signing)

Filing Fee: \$35