

P070000463 74

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

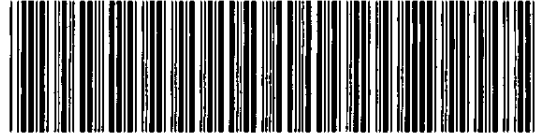
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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11/30/07--01019--023 \*\*43.75

FILED  
07 NOV 30 AM 8:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Diss/notice

12/4<sup>sf</sup>

COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Filing Articles of Dissolution

DOCUMENT NUMBER: P07000046374

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

Please return all correspondence concerning this matter to the following:

HUGO GARCIA

(Name of Contact Person)

My Dream Party & Event CO

(Firm/Company)

1710 NE 19<sup>th</sup> # 103

(Address)

Miami, FL 33179

(City/State and Zip Code)

For further information concerning this matter, please call:

Hugo Garcia

(Name of Contact Person)

at ( 786 ) 282-7123

(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)

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 607.1403, 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:

My Dream Party and Events CO,

SECOND: The document number of the corporation (if known): P07 000046374

THIRD: The date dissolution was authorized: 11/28/07

Effective date of dissolution if applicable: 11/28/07  
(no more than 90 days after dissolution file date)

FOURTH: Adoption of Dissolution (CHECK ONE)

☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ Dissolution was approved by the shareholders through voting groups.

*The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:*

The number of votes cast for dissolution was sufficient for approval by

(only one Hugo Garcia President)  
(voting group)

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)

Hugo Garcia

(Typed or printed name of person signing)

President

(Title of person signing)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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. 607.1-107, F.S.

This "*Notice of Corporate Dissolution*" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: My Dream Party & Event CO

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:

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Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

1710 NE 191st # 103  
Miami FL 33179  

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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.

Hugo Garcia

Printed Name of the Person Filing

Hugo Garcia

Signature of the Person Filing

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