P07000073082

_____
(Requestor's Name)

_____
(Address)

_____
(Address)

_____
(City/State/Zip/Phone #)

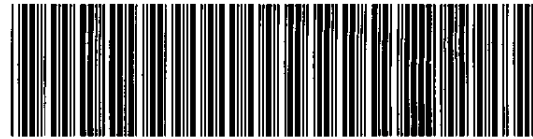☐ PICK-UP   ☐ WAIT   ☐ MAIL

_____
(Business Entity Name)

_____
(Document Number)

Certified Copies _____   Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

2010 JUL -1 AM 10: 08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

7/2/10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of Ultimate Nights, Inc.

DOCUMENT NUMBER: P07000073082

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

Please return all correspondence concerning this matter to the following:

Michael Love

(Name of Contact Person)

(Firm/Company)

4550 N Michigan Ave.

(Address)

Miami Beach, Fl 33140

(City/State and Zip Code)

For further information concerning this matter, please call:

Brian Silverio   at (305) 371-2756

(Name of Contact Person)   (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

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

FILED

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:

Ultimate Nights, Inc.

SECOND: The document number of the corporation (if known): **P07000073082**

THIRD: The file date of the articles of incorporation: **6/25/2007**

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.

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.)

Michael Love

(Typed or printed name of person signing)

President

(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: **Ultimate Nights, 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:

Copy of contract for services or
purchase including signature
of corporate officer who
would be authorized to initiate
such contract. All bills, payments,
payment history for prior 2 years.

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

Silverio & Hall, P.A.

150 West Flagler Street PH - 2850

Miami, Fl 33130

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.

Michael Love

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