

**Florida Department of State**  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850) 617-6380

From:  
Account Name : JOHN M WICKER PA  
Account Number : I20070000104.  
Phone : (239) 939-2222  
Fax Number : (239) 939-2280

**DISSOLUTION OR WITHDRAWAL**  
**PARADISE HOBBIES, INC.**

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$35.00

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December 9, 2016

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

PARADISE HOBBIES, INC.  
2211 SE 15TH STREET  
CAPE CORAL, FL 33990

SUBJECT: PARADISE HOBBIES, INC.  
REF: P07000081990

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

Please indicate the date of dissolution in section 3.

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) 245-6050.

Rebekah White  
Regulatory Specialist II

FAX Aud. #: H16000301029  
Letter Number: 116A00026185

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FAX

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## 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:  
PARADISE HOBBIES, INC.

SECOND: The document number of the corporation (if known): P07000081990

THIRD: The date dissolution was authorized: December 2nd 2016

Effective date of dissolution if applicable: \_\_\_\_\_  
(no more than 90 days after dissolution file date)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

\_\_\_\_\_  
(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)

ANGELA M CHERNIN

\_\_\_\_\_  
(Typed or printed name of person signing)

PRESIDENT

\_\_\_\_\_  
(Title of person signing)

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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: PARADISE HOBBIES 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:

NAME OF CREDITOR, PRODUCT OR SERVICE PROVIDED, TOTAL AMOUNT,

ACCOUNT SUMMARY, INVOICES, REFERENCE TO CONTRACT IF APPLICABLE

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

483 19<sup>th</sup> St SW Naples FL 34119

ANGELA CHERNIN, 483 19TH ST SW, NAPLES FL 34119

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.

Angela Chernin

Printed Name of the Person Filing

Angela Chernin

Signature of the Person Filing