P07000089963

(Danisahada Nassa)	
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Eusinese Entity Harrie)	
(Decument Number)	
(Document Number)	
Certified Copies Certificates of Status	
· 	
Special Instructions to Filing Officer:	
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Office Use Only



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OT OCT 12 AM IO: 25 SECRETARY OF STATE

FOUNTAIN IMG, CORP. 5783 SW 40 ST MIAMI, FL 33155

OFFICE USE ONLY

Examiner's Initials

Fountain	O IMG, CORP. (PO7000899
(Corporation Name	p) (Document #)
(Corporation Name	(Document #)
(Corporation Name	(Document #)
(Corporation Name)	(Document #)
Walk in Pick	up time Certified Copy
☐ Mail out	vait Photocopy Certificate of Status
NEW FILINGS	AMENDMENTS
Profit	Amendment
NonProfit	Resignation of R.A., Officer/ Director
Limited Liability	Change of Registered Agent
Domestication	Dissolution/Withdrawal
Other	Мегдет
OTHER FILINGS	REGISTRATION/ QUALIFICATION
Annual Report	Foreign
Fictitious Name	

Other

ARTICLES OF DISSOLUTION

Pursuant to s articles of di	section 607.1401, Florida Statutes, this Florida profit corporation submits in tollowing solution:
FIRST:	The name of the corporation as currently filed with the Florida Department of State:
	FOUNTAIN IMG, CORP.
SECOND:	The document number of the corporation (if known): P07000089963
THIRD:	The file date of the articles of incorporation: 08/10/2007
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.
Sign	ature: 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.)
	IDANIA MENDEZ
	(Typed or printed name of person signing)
	P/D
	. (Title of Person Signing)

Filing Fee: \$35