

PO700DID8655

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

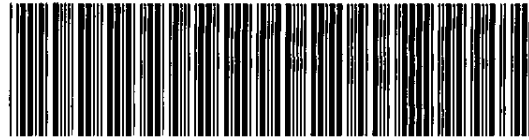
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/16/10--01024--012 **43.75

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 DEC 22 PM 4:20

Ant Diss
CC
@ 12/22/10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Corporation Dissolution

DOCUMENT NUMBER: P07000108655

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

Please return all correspondence concerning this matter to the following:

MARIA E. TALIVA
(Name of Contact Person)

BOTANICA Ile ORONILLA, INC
(Firm/Company)

9117 Warden Blvd
(Address)

Loxahatchee, FL 33470
(City/State and Zip Code)

For further information concerning this matter, please call:

561-965-7090 at (561) 727-8087
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 17, 2010

MARIA ELENA FARINA
9117 MANDARIN BLVD
LOXACHATCHEE, FL 33470

SUBJECT: BOTANICA ILE ORUNMILA, INC.
Ref. Number: P07000108655

We have received your document for BOTANICA ILE ORUNMILA, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Articles of Revocation of Dissolution cannot be filed for an active Florida corporation. If you are trying to voluntarily dissolve the corporation enclosed is information on filing Articles of Dissolution.

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) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 810A00027034

RECEIVED
10 DEC 22 AM 9:11
DIVISION OF STATE
CORPORATIONS
TALLAHASSEE, FLORIDA

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:

BOTANICA Ile Orumila, Inc

SECOND: The document number of the corporation (if known): PO7000108655

THIRD: The file date of the articles of incorporation: 12-12-10

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.)

MARIA E. FARINA

(Typed or printed name of person signing)

OWNER

(Title of Person Signing)

FILED
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
10 DEC 22 PM 4:20

Filing Fee: \$35