# P07000131046

(Requestor's Name)		
(Address)		
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		
•		·
		;
<u>.</u>		
		ļ
		<b>__</b>

Office Use Only



000243438990

01/11/13--01007--012 \*\*35.00

MW WAR

FILED

13 FEB -7 PM 3: 49

SECRETARY OF STATE

ATTRIBATASSEE, FLORIBA

FEB 11 2013 T. ROBERTS



### FLORIDA DEPARTMENT OF STATE Division of Corporations

January 14, 2013

DAVID A. LEDEZMA SWIFT MARTIAL ARTS, CORP 16314 SW 61ST LANE MIAMI, FL 33193

SUBJECT: SWIFT MARTIAL ARTS CORP.

Ref. Number: P07000131046

We have received your document for SWIFT MARTIAL ARTS CORP. and your check(s) totaling \$35.00. 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.

We are enclosing the proper form(s) with instructions for your convenience.

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.

Tina Roberts Regulatory Specialist II

Letter Number: 213A00000954

PECEIVED
13 EEB -7 AM 7: 37

# **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Swift Ma	artial Arts, Cor	p P	
DOCUMENT NUMBER: P07000131			
The enclosed Articles of Recognition of Dissolut	tion and fee are submitted	for filing.	
Please return all correspondence concerning this	matter to the following:		
David A. Ledezma			
Name of C	Contact Person		
Swift Martial Arts, Corp			
Firm/Company			
16314 SW 61st Lane			
A	ddress		
Miami, FL, 33193			
City/State	and Zip Code		
info@swiftmartialarts.co	om		
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, p	lease call:		
David A. Ledezma	At (305 ) 345	-2285	
Name of Contact Person	Area Code & Daytim	e Telephone Number	
Enclosed is a check for the following amount:			
\$35 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:	Street Address:		
Amendment Section Division of Corporations	Amendment Section Division of Corporations		

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

	• (*)	* * * * * *
•	ARTICLES OF DISSOLUTION	FILED
Pursuant to of dissolut	to section 607.1403, Florida Statutes, this Florida profit corporation submits the tion:	BIIO ED GAPTICALES 3: 49 CRETARY OF STATE EAHASSEE FLOOR
FIRST:	The name of the corporation as currently filed with the Florida Department of	- ' ' L UN (LU')
	Swift Marriag Arts Corp.	
SECOND:	The document number of the corporation (if known): P0700013	31046
THIRD:	The date dissolution was authorized: $\frac{12}{31}$	<del></del>
	Effective date of dissolution if applicable: 12/31/12 (no more than 90 days after dissolution	n file date)
FOURTH:	Adoption of Dissolution (CHECK ONE)	
	Dissolution was approved by the shareholders. The number of votes cast was sufficient for approval.	for dissolution
	☐ Dissolution was approved by the shareholders through voting groups.	
	The following statement must be separately provided for each voting group a to vote separately on the plan to dissolve:	entitled
	The number of votes cast for dissolution was sufficient for approval by	
	(voting group)	
	Signature:  (B) 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)	•
	David A. Ledezma	
	(Typed or printed name of person signing)	
	President.	
	(Title of person signing)	

## **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. Marriar Name of Corporation: 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: KequesT. Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 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.

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