

PD8000021056

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

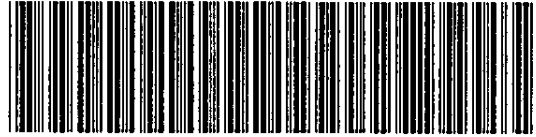
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700269702887

04/13/15--01053--021 **10.00

02/26/15--01013--015 **25.00

FILED
15 APR 10 AM 4:59
STATE
FALLS CHURCH, VA

4-15-15
CRm
3-10-15



FLORIDA DEPARTMENT OF STATE
Division of Corporations

FILED
15 APR 10 AM 4:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

March 10, 2015

MARSHA WOLAK
MA ROX, INC.
2637 E. ATLANTIC BLVD. #24847
POMPANO BEACH, FL 33062

SUBJECT: MA ROX, INC
Ref. Number: P08000021056

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$10.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$35.00 is due.

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

If you have any questions concerning the filing of your document, please call (850) 245-6838.

Cheryl R McNair
Regulatory Specialist II

Letter Number: 215A00004873

RECEIVED
15 APR 10 PM 2:07
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

15 APR 10 AM 4:59
FILED
3108 1000 1000 1000
TALLAHASSEE, FL 32301

SUBJECT: MA ROX, INC.

DOCUMENT NUMBER: PO 8000021056

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

Please return all correspondence concerning this matter to the following:

MARSHA WOLAK
(Name of Contact Person)

MA ROX, INC
(Firm/Company)

2637 E. ATLANTIC BLVD # 24847
(Address)

POMPANO BEACH, FL 33062
(City/State and Zip Code)

For further information concerning this matter, please call:

MARSHA WOLAK at (954) 999-2958
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$35 Filing Fee
 - \$43.75 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)
- ADDITIONAL 10⁰⁰ BALANCE DUE

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

FILED

15 APR 10 AM 4:59

SECRETARY OF STATE
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:

MAROX, INC

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

P08000021056

THIRD: The file date of the articles of incorporation:

2/2008

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:

Marsha Wolak

(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.)

MARSHA WOLAK

(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: MAX ROX, 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:

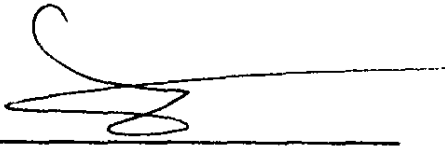
N/A

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

MARSHA WOLAK
2637 E. ATLANTIC BLVD #24847
POMPANO BEACH, FL 33062

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.

MARSHA WOLAK
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