

P08000110107

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

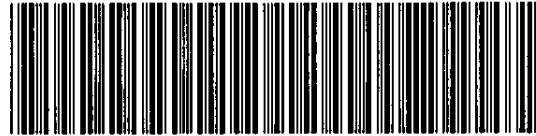
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200254935352

*less with
notice*

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2013 DEC 26 AM 10:46
TALLAHASSEE, FLORIDA
SUFFICIENT FOR FILING

FILED
2013 DEC 26 PM 1:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*DR
12/27/13*



CORPORATION SERVICE COMPANY

* Pls. File 2nd *

ACCOUNT NO. : I20000000195

REFERENCE : 940350 7974352

AUTHORIZATION :

[Signature]

COST LIMIT : \$ 35.00

ORDER DATE : December 26, 2013

ORDER TIME : 8:30 AM

ORDER NO. : 940350-010

CUSTOMER NO: 7974352

DOMESTIC FILINGS

NAME: JOE GUGGINO ENTERPRISES,
INCORPORATED

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carina L. Dunlap - EXT# 52951

EXAMINER'S INITIALS: _____

ARTICLES OF DISSOLUTION

FILED

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation has adopted the following articles of dissolution:

RECEIVED
NOV 26 PM 11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FIRST: The name of the corporation as currently filed with the Florida Department of State:

JOE GUGGINO ENTERPRISES, INCORPORATED

SECOND: The document number of the corporation (if known): P08000110107

THIRD: The date dissolution was authorized: December 23, 2013

Effective date of dissolution if applicable: upon filing Articles of Dissolution
(no more than 90 days after dissolution file date)

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: Theresa A. Mandell

(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)

Theresa A. Mandell

(Typed or printed name of person signing)

President, Director, and sole Shareholder

(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: JOE GUGGINO ENTERPRISES, INCORPORATED

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:

Nature of Claim, Amount of Claim, and name of Officer or
employee who authorized or caused the Claim

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

Theresa A. Mandell
17950 SW 216 Street
Miami, Florida 33170

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.

Theresa A. Mandell

Printed Name of the Person Filing

Theresa A. Mandell

Signature of the Person Filing

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