

PO9000008421

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

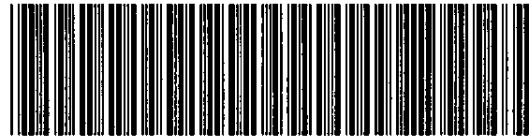
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/12/12--01012--002 **35.00

EFFECTIVE DATE
12-31-12

FILED
12 Dec-12 AM 9:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DIS
1-4-13

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: INVOLUNTARY DISSOLUTION

DOCUMENT NUMBER: P09000008421

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

Please return all correspondence concerning this matter to the following:

LUIS PORTALES

(Name of Contact Person)

(Firm/Company)

11796 SW 16 STREET

(Address)

PEMBROKE PINES, FL 33025

(City/State and Zip Code)

For further information concerning this matter, please call:

LUIS PORTALES

(Name of Contact Person)

at **(954) 608-4280**

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|-----------------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" 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

December 13, 2012

LUIS PORTALES
11796 S.W. 16 STREET
PEMBROKE PINES, FL 33025

SUBJECT: NATALY'S SERVICE CORP
Ref. Number: P09000008421

We have received your document for NATALY'S SERVICE CORP and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document you submitted has been prepared pursuant to nonprofit statutes (chapter 617, Florida Statutes). As the entity was originally filed as a corporation for profit, this document should be filed pursuant to chapter 607, Florida Statutes.

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.

Sylvia Gilbert
Regulatory Specialist II

Letter Number: 512A00029521

RECEIVED

12-11-12 AM 8:11

DEPARTMENT OF
STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: VOLUNTARY DISSOLUTION

DOCUMENT NUMBER: P09000008421

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

Please return all correspondence concerning this matter to the following:

LUIS PORTALES

(Name of Contact Person)

(Firm/Company)

11796 SW 16 ST, BLDG 176

(Address)

PEMBROKE PINES, FL 33025

(City/State and Zip Code)

For further information concerning this matter, please call:

LUIS PORTALES

(Name of Contact Person)

at (954) 608-4280

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|-----------------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" 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:

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P.O. Box 6327
Tallahassee, FL 32314

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Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

EFFECTIVE DATE
12-31-12

Pursuant to section 607.1403, 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:

NATALY'S SERVICE CORP

SECOND: The document number of the corporation (if known): P09000008421

THIRD: The date dissolution was authorized: 12-26-2012

Effective date of dissolution if applicable: 12-31-2012

(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: _____

(By a director, president or other officer - if directors or officers have not been selected, an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, that fiduciary)

LUIS PORTALES

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35

FILED
12 DEC 12 PM 2:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA