(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Document Number)		
Certified Copies	_ Çertificates	of Status
Special Instructions to Filing Officer:		
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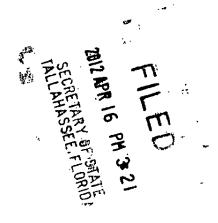
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DR7 4/18/12

COVER LETTER

TO: Amendment Section

Division of Corporations SUBJECT: Articles of Dissolution to dissolve HMA SYSTEMS, INC. DOCUMENT NUMBER: P09000020795 The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: David Reinikainen (Name of Contact Person) Tax Mitigations, LLC (Firm/Company) 9382 NW 8th Cir. (Address) Plantation, FL 33324 (City/State and Zip Code) For further information concerning this matter, please call: at (954) 740-1156 (Area Code & Daytime Telephone Number) David Reinikainen (Name of Contact Person) Enclosed is a check for the following amount: \$35 Filing Fee \$43.75 Filing Fee & \$43.75 Filing Fee & \$\sqrt{\$\$}\$52.50 Filing Fee, Certificate of Status Certificate of Status & Certified Copy (Additional copy is Certified Copy enclosed) (Additional copy is enclosed) **MAILING ADDRESS: STREET ADDRESS:** Amendment Section Amendment Section **Division of Corporations Division of Corporations** P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

FILED

2012 APR 16 PM 3 21

articles of d	issolution: SECRETARY OF STATE TALLAHAS SEE. FLORID	
FIRST:	The name of the corporation as currently filed with the Florida Department of State:	
riksi.	HMA SYSTEMS, INC.	
SECOND:	The document number of the corporation (if known): P09000020795	
THIRD:	The file date of the articles of incorporation: 03/04/2009	
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.		
Sign	ature: (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.)	
	HORACIO MORENO	
	(Typed or printed name of person signing)	
	DIRECTOR	
	(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: HMA SYSTEMS, INC.	
Date of dissolution will be the date the dissolution is filed with the specified in the Articles of Dissolution.	Department of State or as
Description of information that must be included in a claim:	
·	
Mailing address where claims can be sent: (Claims cannot be sent to	o the Division of Corporations)
9382 NW 8TH CIR.	
PLANTATION, FL 33324	
A claim against the above named corporation will be barred unless within 4 years after the filing of this notice.	a proceeding to enforce the claim is commenced
HMA SYSTEMS, INC.	
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