

P09000061330

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

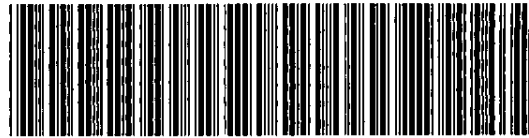
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400187750524

11/16/10--01025--010 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 DEC - 6 AM 9:15

diss
C.COULLIETTE

DEC 06 2010

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of a profit corporation

DOCUMENT NUMBER: P09000061330

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

Please return all correspondence concerning this matter to the following:

Osmel Masson

(Name of Contact Person)

Masson & Associates Accounting Services, Inc.

(Firm/Company)

PO Box 442762

(Address)

Miami, FL 33144

(City/State and Zip Code)

For further information concerning this matter, please call:

Osmel Masson

(Name of Contact Person)

at (305) 282-4132

(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)

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

RECEIVED

10 DEC -2 AM 8:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

November 17, 2010

OSMEL MASSON
MASSON & ASSOCIATES ACCOUNTING SERVICES
PO BOX 442762
MIAMI, FL 33144

SUBJECT: MASSON & ASSOCIATES ACCOUNTING SERVICES, INC.
Ref. Number: P09000061330

We have received your document for MASSON & ASSOCIATES ACCOUNTING SERVICES, INC. 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 must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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) 245-6903.

Cheryl Coulliette
Regulatory Specialist II

Letter Number: 810A00027030

ARTICLES OF DISSOLUTION

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:

Masson & Associates Accounting Services, Inc.

SECOND: The document number of the corporation (if known): P09000061330

THIRD: The date dissolution was authorized: 9/15/10

Effective date of dissolution if applicable: 9/15/10

(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, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

Osmel Masson

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 DEC - 6 AM 9:10