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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Mountains	of Memories, Inc.	
DOCUMENT NUMBER: Po	70000 68406	
The enclosed Articles of Dissolution and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
	Contact Person) Memories Trac. m/Company)	
602 Malaba	ddress)	
Ft. Pierce FL 34949 (City/State and Zip Code)		
For further information concerning this matter, please call:		
Name of Contact Person)	at (772) 216-6589 (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amou	int:	
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee, Certified Copy (Additional copy is enclosed) 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	

FILED

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation subgritted to following

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articles of dissolution: FIRST: The name of the corporation as currently filed with the Florida Department of State: emories The document number of the corporation (if known): Po 9 0 60 0 6 8 4 0 6 SECOND: The file date of the articles of incorporation: THIRD: (CHECK AT LEAST ONE BOX) FOURTH: 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. Adoption of Dissolution (CHECK ONE) **SEVENTH:** A majority of the incorporators authorized the dissolution. A majority of the directors authorized the dissolution. 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.)

Filing Fee: \$35

(Typed or printed name of person signing)