

P090000097860

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

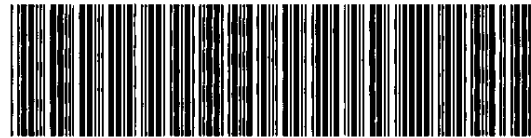
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000181894720

06/11/10--01010--016 **35.00

UD/With not

FILED
10 JUN 24 PM 1:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Roberts JUN 24 2010



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 15, 2010

JAIME F. MUNOZ
JM CONNECT CORP
14170 SW 30 ST
MIAMI, FL 33175

SUBJECT: JM CONNECT CORP
Ref. Number: P09000097860

We have received your document for JM CONNECT CORP and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Jaime F. Munoz must sign document in the space provided on the form.

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) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 110A00014796

RECEIVED
JUN 21 AM 8:00
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: JM Connect Corp

DOCUMENT NUMBER: P09 0000 97860

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

Please return all correspondence concerning this matter to the following:

Jaime F Munoz
(Name of Contact Person)

JM Connect Corp
(Firm/Company)

14170 SW 30 ST
(Address)

Miami, FL 33175
(City/State and Zip Code)

For further information concerning this matter, please call:

Jaime Munoz at (786) 388-1692
(Name of Contact Person) (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

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:

JM Connect Corp

SECOND: The document number of the corporation (if known): P09000097860

THIRD: The date dissolution was authorized: 5/25/10

Effective date of dissolution if applicable: 5/25/10
(no more than 90 days after dissolution file date)

FOURTH: Adoption of Dissolution (CHECK ONE)

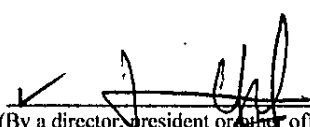
☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ 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)

Jaime F Munoz
(Typed or printed name of person signing)

President
(Title of person signing)

Filing Fee: \$35

FILED
10 JUN 24 PM 1:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: JM Connect Corp

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: _____

Amount of Claim

Description of Claim

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

14170 SW 30 ST

Miami, FL 33175

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.

Jaime Muñoz

Printed Name of the Person Filing

[Signature]

Signature of the Person Filing

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