

PO9000102080

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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01/21/15--01002--004 **43.75

FILED
15 Jan 21 AM 10:59
STATE OF ALABAMA
TALLAHASSEE, FLORIDA

FEB 05 2015

C. CARROTHERS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 26, 2015

ANGEL L MARTINEZ
SPECIALTY GIFTS ITEMS AND MERCHANDISE
797 SHADY CANYON WAY
POINCIANA, FL 34759

SUBJECT: SPECIALTY GIFT ITEMS AND MERCHANDISE CORP
Ref. Number: P09000102080

We have received your document for SPECIALTY GIFT ITEMS AND MERCHANDISE CORP and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

THE FORM YOU SUBMITTED IS FOR A NON PROFIT CORPORATION.

The attached form must be completed in order to file the document.

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.

Cathy A Carrothers
Regulatory Specialist

Letter Number: 015A00001502

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CORPORATE DISSOLUTION

DOCUMENT NUMBER: P09000102080

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

Please return all correspondence concerning this matter to the following:

ANGEL L. MARTINEZ
(Name of Contact Person)
SPECIALTY GIFTS ITEMS AND MERCHANDISE CORP.
(Firm/Company)
797 SHADY CANYON WAY
(Address)
POINCIANA, FLORIDA 34759
(City/State and Zip Code)

For further information concerning this matter, please call:

ANGEL L. MARTINEZ at (863) 512-9301
(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:

SPECIALTY GIFTS ITEMS AND MERCHANDISE CORP.

SECOND: The document number of the corporation (if known): P09000102080

THIRD: The date dissolution was authorized: 1/15/15

Effective date of dissolution if applicable: 3/15/15
(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

DIRECTORS

(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)

ANGEL L. MARTINEZ

(Typed or printed name of person signing)

REGISTER AGENT

(Title of person signing)

Filing Fee: \$35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 JAN 21 AM 10:59

FILED

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: SPECIALTY GIFTS ITEMS AND MERCHANDISE 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:

DATE OF TRANSACTION, AMOUNT, LOCATION,
RECEIPT, METHOD OF PAYMENT, AND NUMBER
OF ITEMS.

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

797 SHADY CANYON WAY
POINCIANA, FL. 34789

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.

ANGEL L. MARTINEZ

Printed Name of the Person Filing

Angel L. Martinez

Signature of the Person Filing

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