## P0900103242

(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



100183349861

07/19/10--01004--010 \*\*35.00

SENSELIANT OF STATE
SALLAHASSEE, FLORIBA

JUL 19 PH 2: 92



## **COVER LETTER**

TO: Amendment Section

**Division of Corporations** SUBJECT: Dissolution of Corporation DOCUMENT NUMBER: P09000103242 The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Matti Marshak (Name of Contact Person) (Firm/Company) 3849 NE 170th St - (Address) North Miami Beach, FL 33160 (City/State and Zip Code) For further information concerning this matter, please call: 1411 Matti Marshak (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: ✓\$35 Filing Fee S43.75 Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee. Certificate of Status Certified Copy Certificate of Status & (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

GSM UNLOCKED MIAMI, INC.
The document number of the corporation (if known): P09000103242
The file date of the articles of incorporation: 12/29/2009
(CHECK AT LEAST ONE BOX)
None of the corporation's shares have been issued.
The corporation has not commenced business.
No debt of the corporation remains unpaid.
The net assets of the corporation remaining after winding up have been distributed of the shareholders, if shares were issued.
Adoption of Dissolution (CHECK ONE)
A majority of the incorporators authorized the dissolution.
A majority of the directors authorized the dissolution.

in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

## MATTI MARSHAK

(Typed or printed name of person signing)

**DIRECTOR** 

(Title of Person Signing)

Filing Fee: \$35