P100000/0686

(Re	questor's Name)	
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(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	

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COVER LETTER

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations SUBJECT: DISSOLUTION OF NOMADE ART GALLERY, INC. DOCUMENT NUMBER: P.10000010686 The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: P. TRISTAN BOURGOIGNIE, ESQ. (Name of Contact Person) TRISTAN BOURGOIGNIE, P.A. (Firm/Company) 1200 ANASTASIA AVE, SUITE 410 (Address) CORAL GABLES, FL 33134 (City/State and Zip Code) For further information concerning this matter, please call: at (305 T. BOURGOIGNIE չ 200 0350 (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: Certificate of Status & Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional copy is enclosed) enclosed) **MAILING ADDRESS: STREET ADDRESS:** Amendment Section Amendment Section **Division of Corporations** Division of Corporations Clifton Building P.O. Box 6327

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:			
	NOMADE ART GALLERY, INC.			
SECOND:	The document number of the corporation (if known): P10000010686			
THIRD:	The date dissolution was authorized: MARCH 15, 2011			
	Effective date of dissolution <u>if applicable</u> : APRIL 15, 2011 (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)			
	BRIGITTE SERFATY			
	. (Typed or printed name of person signing)			
	PRESIDENT			
	(Title of person signing)			

Filing Fee: \$35

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: NOMADE ART GALLERY, INC.
Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the <i>Articles of Dissolution</i> .
Description of information that must be included in a claim:
NAME AND ADDRESS OF THE SERVICE PROVIDER
DATE OF SERVICE PROVIDED
NATURE OF SERVICE PROVIDED OR GOODS SOLD TO CORPORATION
CORPORATE REPRESENTATIVE AUTHORIZING THE SERVICE OR GOODS
ON BEHALF OF THE CORPORATION AND DATE AUTHORIZED.
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
C/O P. TRISTAN BOURGOIGNIE, ESQ.
1200 ANASTASIA AVENUE,
SUITE 410
CORAL GABLES, FL 33134

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.

BRIGITTE SERFATY

Printed Name of the Person Filing

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

Signature of the Per