P10000041061

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: <u>DISSOLUTION</u>	·
DOCUMENT NUMBER: <u>\$10000041061</u>	:
The enclosed Articles of Dissolution and fee are submitt	ed for filing.
Please return all correspondence concerning this matter to	the following:
MARCH MOREIRO	
(Name of Contact Person	n)
(Firm/Company)	
(Address) MAN HOSSET, M 11030 (City/State and Zip Coo	
(Address)	
MAN HOSSET, M 11030 (City/State and Zip Coo	de)
For further information concerning this matter, please cal	ı
MARCIA MORTILIA at (5/	6) 365-1030 ea Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
\$35 Filing Fee \$\sum \\$43.75 Filing Fee & \$\sum \\$43.75 Filing Fee & Certificate of Status Certified C (Additional enclosed)	
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327	STREET ADDRESS: Amendment Section Division of Corporations Clifton Building

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following

articles of di	ssolution:
FIRST:	The name of the corporation as currently filed with the Florida Department of State:
	IM POLITER MASTI CORPORATION
SECOND:	The document number of the corporation (if known): <u>P1000004106</u> /
THIRD:	The file date of the articles of incorporation:
FOURTH:	(CHECK AT LEAST ONE BOX)
	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.
SEVENTH:	Adoption of Dissolution (CHECK ONE)
	A majority of the incorporators authorized the dissolution.
	A majority of the directors authorized the dissolution.
Sion	ature: × Marcia Moreira
- Sign	(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.)
	(Typed or printed name of person signing)
	PATES AT TO (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. IM POWER WASH CORPORATION. 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: Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 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.