P0000058806

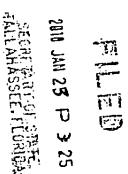
(Requestor's Name)			
(Address)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
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JAN 2 6 2018 T. LEAMEUX



COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: MEMORIES BY NURYS INC	
DOCUMENT NUMBER: P10000058806	
The enclosed Articles of Dissolution and fee are submit	ted for filing.
Please return all correspondence concerning this matter	to the following:
NURYS GONZALEZ	
(Name of Contact Person	in)
MEMORIES BY NURYS	DC.
(Firm/Company)	
6480 FALCONSGATE AV	Æ
(Address)	
DAVIE, FL 33331	
(City/State and Zip Co	de)
For further information concerning this matter, please ca	11:
NURYS GONZALEZ 954 at (673-8745
(Name of Contact Person) (A	rea 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 (Additiona enclosed)	opy Certificate of Status & Copy is Certified Copy
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



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 4, 2018

NURYS GONZALEZ 6480 FALCONSGATE AVE DAVIE, FL 33331

SUBJECT: MEMORIES BY NURYS, INC.

Ref. Number: P10000058806

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

Please have a officer or director sign the dissolution.

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.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 118A00000230

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ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles

of dissolut	ion:	
FIRST:	The name of the corporation as currently filed MEMORIES BY NURYS INC	with the Florida Department of State:
SECOND:	The document number of the corporation (if k	P10000058806 pown):
THIRD:	The date dissolution was authorized:	12/19/2017
	Effective date of dissolution if applicable:	12/31/2017
	Note: If the date inserted in this block does not meet the not be listed as the document's effective date on the De	
FOURTH:	Adoption of Dissolution (CHECK ONE)	
	Dissolution was approved by the sharehold was sufficient for approval.	lers. The number of votes east for dissolution
	Dissolution was approved by the sharehold	lers through voting groups.
	The following statement must be separately pr to vote separately on the plan to dissolve:	ovided for each voting group entitled
	The number of votes cast for dissolution was st	afficient for approval by
	(voting group)	
	Signature: (By a director, president or other officer - if directors an incorporator - if in the hands of a receiver, trustee that fiduciary)	
	NURYS GONZALEZ	3 2b
	(Typed or printed name of person sign	n ng)
	PRESIDENT	
	(Title of person signing)	