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Special Instructions to	Filing Officer:	•

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SEP 17 2015 C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: MORAVELAS OF NAPLES INC			
DOCUMENT NUMBER: P10000062849			
The enclosed Articles of Dissolution and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
CHRYSTIAN MORALES			
(Name of	Contact Person)		
MORAUFLAS OF NAPLES INC.			
(Firm	n/Company)		
1836 AIRPORT PULLING ROAD SOUTH			
(A)	ddress)		
NAPLES FL 34112			
(City/State and Zip Code)			
For further information concerning this matter, please call:			
CHRYSTIAN MORALES	at (²³⁹⁻⁸⁸⁷⁻²⁰²⁹		
(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 & □ \$52.50 Filing Fee, 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: MORAVELAS OF NAPLES INC		
SECOND:	The document number of the corporation (if known):		
THIRD:	The date dissolution was authorized: 09/02/2016		
	Effective date of dissolution if applicable: 09/02/2016 (no more than 90 days after dissolution file date)		
	Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.		
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		
	100%		
	(voting group)		
	Signature: (By a director, president or other officer - if directors or officers have not been selected, by an incorporator from the hands of a receiver, trustee, or other court appointed fiduciary, by		
	that fiduciary)		
	CHRYSTINA MORALES		
	(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 requi	red when filing a voluntary dissolution.
Name of Corporation: MORALVELAS OF NAPLES INC	
Date of dissolution will be the date the dissolution is filed with the specified in the Articles of Dissolution.	Department of State or as
Description of information that must be included in a claim:	
VOLUNTARY DESSOLUTION	
Mailing address where claims can be sent: (Claims cannot be sent t	to the Division of Corporations)
A claim against the above named corporation will be barred unless within 4 years after the filing of this notice.	a proceeding to enforce the claim is commenced
CHRYSTIAN MORALES	
Printed Name of the Person Filing	Signature of the Person Filing