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(Re	equestor's Name)	
(Ac	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
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☐ PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
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Special Instructions to	Filing Officer;	

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TO: Amendment Section

Division of Corporations			
SUBJECT: EVELYN CATERING INC			
DOCUMENT NUMBER: P1000007373	9		
The enclosed Articles of Dissolution and	d fee are submitted for fil	ing.	
Please return all correspondence concern	ing this matter to the foll	owing:	
EVELYN SANTOS-MAYI			
(Name o	of Contact Person)	,	
EVELYN CATERING INC			
(F	irm/Company)		<del>_</del>
15845 NW 14TH ROAD			
	(Address)		
PEMBROKE PNES FL 33028		7	2 <b>=</b>
(City/S	State and Zip Code)	1>	
For further information concerning this n	natter, please call:	ASSEC	L-5 PH
EVELYN SANTOS-MAYI	at (	: ::::::::::::::::::::::::::::::::::::	h 2: C
(Name of Contact Person)	(Area Code	) (Daytime Telephone	Number)
Enclosed is a check for the following am-	ount:		
□ \$35 Filing Fee ♣ \$43.75 Filing Fee & Certificate of Status		\$52.50 Filing Fee Certificate of State Certified Copy (Additional copy in enclosed)	us &
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: EVELYN CATERIN INC				
SECOND:	The document number of the corporation (if known):				
THIRD:	The date dissolution was authorized: 06/01/2016				
	Effective date of dissolution if applicable:				
	(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				
	(voting group)				
	Parolin Anto Mari				
	(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)				
	EVELYN SANTOS-MAYI				
	(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:\_\_\_ 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: THE BUSINESS WAS LOSSING MONEY AND WE CAN NOT LONGER SUSTAIN HAVING IT OPEN. 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.

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

EVELYN SANTOS-MAYI

Printed Name of the Person Filing