

Division of Corporations

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# PH1000001950

## Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850) 617-6380

From: Account Name : JOHN M WICKER PA  
Account Number : I20070000104  
Phone : (239) 939-2222  
Fax Number : (239) 939-2280

### DISSOLUTION OR WITHDRAWAL FORT MYERS BEACH FLORIST, INC.

Certificate of Status	0
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*Diss notice*

APR 02 2015

T. LEMIEUX

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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: FORT MYERS BEACH FLORIST, INC.

SECOND: The document number of the corporation (if known): P11000001950

THIRD: The date dissolution was authorized: MARCH 27, 2014
Effective date of dissolution if applicable: MARCH 27, 2014
(no more than 90 days after dissolution file date)

FOURTH: Adoption of Dissolution (CHECK ONE)
[X] 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

N/A
(voting group)

Signature: Michele Desanctis
(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)

MICHELE DESANCTIS
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)

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**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: FORT MYERS BEACH FLORIST, INC.

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:

NAME OF CREDITOR; PRODUCT OR SERVICE PROVIDED; TOTAL  
AMOUNT OF CLAIM; ACCOUNT SUMMARY; INVOICES; AND REFERENCE  
TO CONTRACT, IF APPLICABLE.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

FORT MYERS BEACH FLORIST, INC. CLAIMS  
C/O MICHELE DESANCTIS  
12982 KEDLESTON CIR  
FORT MYERS, FL 33912

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.

MICHELE DESANCTIS  
Printed Name of the Person Filing

  
Signature of the Person Filing

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

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