## P11000056390

(Re	equestor's Name)	
(Ad	ldress)	·
(Ad	idress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL.
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
•		





200254912402

01/03/14--01017--010 \*\*35.00

SECRETARY OF STATE

APPROVED

C. Lewis 14

## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: MSMF BUSING	ss Advisor Services
DOCUMENT NUMBER: P11 000	056390
The enclosed Articles of Dissolution and fee are su	bmitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Michael	J. Sciole
(Name of Contact	Person)
(Eima/Comp	
(Firm/Comp.	
10030 Lions Bo	1 (00)
(Address)  Nuples Fl  (City/State and Z	34120
(City/State and Z	ip Code)
For further information concerning this matter, plea	se call:
(Name of Contact Person)  (Name of Contact Person)	( Clu ) 496 - 0138 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
Certificate of Status Certi (Addi	75 Filing Fee & \$\sum \$52.50 Filing Fee, fied Copy Certificate of Status & Certified Copy osed) (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 607.1401, 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:			
	MSMF Business Allisay Sorlies Carp.			
SECOND:	The document number of the corporation (if known):    State   Cold			
THIRD:	The file date of the articles of incorporation: $\frac{6}{16}$			
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.			
Sign	ature:			
· ·	(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.)			
	Michael J. Sciole			
(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: MSMF BUSINGS	Advisory Service	SEUR ALL F	AL A
Date of dissolution will be the date the dissolution is filed with the specified in the Articles of Dissolution.	Department of State or as	ETARY	JAN -3 F
Description of information that must be included in a claim:		E, FLOR	PH 12: 54
Name address, telephone numer, in	al address retailed	67. 	- -
describe d'untre de lam mette se	ective a ment and backup	, 	_
downertaka			_
			_
			_
Mailing address where claims can be sent: (Claims cannot be sent	to the Division of Corporations)		
10630	ons Bey Cout		
- Nufles +1	34120		
A claim against the above named corporation will be barred unles within 4 years after the filing of this notice.	s a proceeding to enforce the claim is c	ommen	ed
The second secon	2 2		
Michael J. Sciole			
Printed Name of the Person Filing	Signature of the Person Filing		_