

P1100031393251
Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : PAGIO'S & ASSOCIATES, LLC
Account Number : I20100000043
Phone : (305)397-8553
Fax Number : (305)397-8521

**DISSOLUTION OR WITHDRAWAL
PEJOVES INC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

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TALLAHASSEE, FLORIDA

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6/2/17

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ATX1

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PEJOVES INC

DOCUMENT NUMBER: P11000083251

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MAURIZIO PEJOVES

(Name of Contact Person)

PEJOVES INC

(Firm/Company)

17100 N. BAY ROAD-1711

(Address)

SUNNY ISLES BEACH, FL 33160

(City/State and Zip Code)

For further information concerning this matter, please call:

MAURIZIO PEJOVES

(Name of Contact Person)

at (954) 675-8565

(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 &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee,
Certificate of Status &
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

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ATX1

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:

PEJOVES INC

SECOND: The document number of the corporation (if known): P11000083251

THIRD: The date dissolution was authorized: 12/22/2018

Effective date of dissolution If applicable: 12/22/2016

(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

(volving group)

Signature:

Maurain Pejover (Dec 22, 2016)

(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)

MAURIZIO PEJOVES

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

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ATX1

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: PEJOVES 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:

INFORMATION ABOUT CLAIM AND CONTACT INFO,

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

17100 N BAY ROAD, STE 1711 SUNNY ISLES, FL 33160

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.

MAURIZIO PEJOVES

Printed Name of the Person Filing

MAURIZIO PEJOVES (DEC 22, 2016)

Signature of the Person Filing