## P110000 83575

· (Re	equestor's Name)	,
	dress)	
(Address)		
(Cit	ty/State/Zip/Phone	e #)
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## **COVER LETTER**

TO: Amendment Section Division of Corporations		
SUBJECT: Closing of INKBUCKET, INC.		
DOCUMENT NUMBER: P11000083575		
The enclosed Articles of Dissolution and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
WILFREDO O. JIMENEZ		
(Name of Contact Person)		
INKBUCKET, INC.		
(Firm/Company)		
P.O. BOX 260623		
(Address)		
MIAMI, FL 33126		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
WILFREDO O. JIMENEZ at ( 310 ) 691-3734		
(Name of Contact Person) (Area Code & Daytime Telephone Number)  Enclosed is a check for the following amount:		
▼\$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee,  Certificate of Status Certified Copy (Additional copy is enclosed)  Certified Copy (Additional copy is enclosed)		
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building		

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

## ARTICLES OF DISSOLUTION FILED

FIRST: The name of the corporation as currently filed with the Florida Department of State:    INKBUCKET, INC.	Pursuant to articles of d	TALLAHASSEE, FLOR
SECOND: The document number of the corporation (if known): P11000083575  THIRD: The file date of the articles of incorporation: 09/22/2011  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.  WILFREDO O. JIMENEZ  (Typed or printed name of person signing)  PRESIDENT	FIRST:	The name of the corporation as currently filed with the Florida Department of State:
THIRD: The file date of the articles of incorporation:		INKBUCKET, INC.
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(Typed or printed name of person signing)  PRESIDENT	Sign	(By a director, provident or other officer - it directors or officers have not been selected, by an incorporator - if
		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	vn 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.

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Name of Corporation: INKBUCKET, INC.
Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the <i>Articles of Dissolution</i> .
Description of information that must be included in a claim:
I am requesting a dissolution of the above company starting 12/29/2011.
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
P.O. BOX 260623
MIAMI, FL 33126
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.

WILFREDO O. JIMENEZ

Printed Name of the Person Filing

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