P12000071666

(Re	questor's Name)	
(Ad	dress)	
	dress)	
(Cit	ty/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
(D.	-i Estin No.	
	siness Entity Nan	
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only

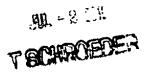


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SLORETARY OF STATE
TALL AHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section **Division of Corporations**

SUBJECT: Marvin Innovations Inc				
DOCUMENT NU	JMBER: P12000071666			
The enclosed Arti	cles of Dissolution and	fee are submitted for filin	g.	
Please return all co	orrespondence concernir	ig this matter to the follow	ving:	
Norma Marvin				
	(Name of	Contact Person)		
Marvin Innovations I	ne			
	(Fir	m/Company)		
8409 IVEY WOOD A	AVE		·	
	(/	(ddress)		
Orlando, FL 32810				
	(City/Sta	ate and Zip Code)		
For further inform	ation concerning this ma	atter, please call:		
Norma Marvin		at ()	1-1138	
(Name	of Contact Person)	(Area Code &	Daytime Telephone Number)	
Enclosed is a chec	k for the following amount	unt:		
■ \$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	ADDDFSS:	STDI	FFT 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 St Marvin Innovations Inc	ate:		
SECOND:	The document number of the corporation (if known):			
THIRD:	The file date of the articles of incorporation:			
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 distribute to the shareholders, if shares were issued.	· ^		
SEVENTH	: Adoption of Dissolution (CHECK ONE)	HORETAK	:	•==
	A majority of the incorporators authorized the dissolution.			
	A majority of the directors authorized the dissolution.	AM IF: 42		``
Sigr	(By a director, president or other officer - if directors or officers have not been selected, by an incorpor	rator - it		_
	in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.) Norma Marvin			
	(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. Marvin Innovations Inc 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 corporation listed above is no longer active in the State of Florida. If you have any claims please do not hesitate to contact us at the address listed above. Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations 8409 Ivey Wood Ave. Orlando, FL 32810 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. Norma Marvin

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

Signature of the Person Filing

Printed Name of the Person Filing