P12000088942

(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
(Oity/Otate/2/p/) Holic #/
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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SEGRETARY OF STATE

Mzm) 10-8-14

COVER LETTER TO: Amendment Section Division of Corporations SUBJECT: CORPORATE DISSOLUTION DOCUMENT NUMBER: ___ The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: KAFAEL FEAHCO (Name of Contact Person) IMPORTACIONES FERRA 2012, CA INC. (Firm/Company) 7800 SW 180 ST (Address) PALMETTO BAY FL 33/57 (City/State and Zip Code) For further information concerning this matter, please call: (Name of Contact Person) (Name of Contact Person) (Area Code) (Daytime Telephone Number) Enclosed is a check for the following amount: \$35 Filing Fee \$\Bigcup \$43.75 Filing Fee & \$\Bigcup \$43.75 Filing Fee & \$\Bigcup \$52.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (Additional copy is Certified Copy enclosed) (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 617.1401, Florida Statutes, this Florida not for profit corporation submits the following Articles of Dissolution:

FIRST:	The name of the corporation as currently filed with the Florida Department of State:						
	IMPORTACIONES FERRA 2012 CA INC						
SECOND:	THPORTACIONES FERRA 2012 CA INC. The document number of the corporation (if known): P12000088942						
THIRD:	The file date of the articles of incorporation: Oct. 22: 2012						
FOURTH	The corporation has not commenced to conduct its affairs.						
FIFTH:	No debts of the corporation remains unpaid.						
SIXTH:	Adoption of Dissolution (CHECK ONE) (Note: Cannot be authorized by an incorporator if the corporation has directors)						
	The dissolution was authorized by a majority of the directors: OR						
	☐ The dissolution was authorized by an incorporator.						
	The dissolution was authorized by a majority of the incorporators.						

(By the Chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

(Typed or printed name of person signing)

Signature:

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. 617.1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.

escription of informat	ion that must be in	cluded in a claim:				
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ailing address where	claims can be sent.	: (Claims cannot be	sent to the Division	of Corporations)		
	7800 S	W 180	ST	R		
	PALME	110 B	ST sy Fl	33/5	7	
claim against the abo	ove named corporal filing of this notice		unless a proceeding	to enforce the cla	im is com	ımence