

P12000100362

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

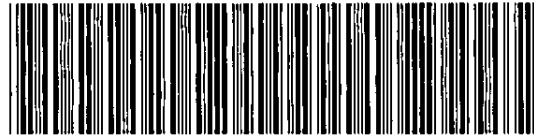
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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DIVISION OF CORPORATIONS

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

VP

DEC 05 2013

R. WHITE



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 907903 7908576

AUTHORIZATION

COST LIMIT : \$ 35.00

*[Handwritten signature]*

ORDER DATE : December 4, 2013

ORDER TIME : 2:50 PM

ORDER NO. : 907903-005

CUSTOMER NO: 7908576

DOMESTIC FILINGS

NAME: BETTY C. PORTUONDO, PA

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - EXT# 52956

EXAMINER'S INITIALS: \_\_\_\_\_

## 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:  
BETTY C. PORTUONDO, PA

SECOND: The document number of the corporation (if known): P12000100362

THIRD: The file date of the articles of incorporation: 12/10/2012

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.

Signature: \_\_\_\_\_

(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.)

BETTY C. PORTUONDO

(Typed or printed name of person signing)

PRESIDENT

(Title of Person Signing)

Filing Fee: \$35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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