

PI3000001509

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

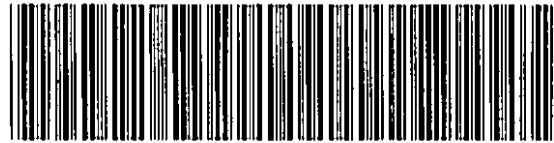
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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07/28/17--01011--002 \*\*35.00

V/D

AUG 01 2017

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Client Distinguished by Design Period \_\_\_\_\_

Enclosed herewith is your \_\_\_\_\_ Annual \_\_\_\_\_ Quarterly \_\_\_\_\_ Monthly \_\_\_\_\_

**FEDERAL**

\_\_\_\_ Individual Income Tax Returns  
\_\_\_\_ Form 990  
\_\_\_\_ Withholding and FICA Return (941)  
\_\_\_\_ Unemployment Tax Return (940)  
\_\_\_\_ Amended Individual Tax Return  
    (1040X)  
\_\_\_\_ Form 5500 Employee Benefit Plan  
\_\_\_\_

**STATE**

\_\_\_\_ Individual Income Tax Returns  
\_\_\_\_ Corporate Tax Returns  
\_\_\_\_ Partnership Income Tax Returns  
\_\_\_\_ Fiduciary Income Tax Returns  
\_\_\_\_ Form CHAR 497  
\_\_\_\_ Sales Tax Report  
\_\_\_\_ NYS-45 & NYS-45-ATT  
\_\_\_\_ NYS-1  
\_\_\_\_ Amended Individual Tax Returns  
\_\_\_\_ ✓ FL Dissolution

This return/deposit is due before ASAP and should be signed by:

\_\_\_\_ You \_\_\_\_\_ Authorized Partner  
\_\_\_\_ You and your spouse \_\_\_\_\_ Authorized Corporate Officer

Also:

\_\_\_\_ No payment is required with this form.  
\_\_\_\_ Refund claim in the amount of \$ \_\_\_\_\_  
✓ A check\* /deposit should be made payable to Florida Dept of State in  
the amount of \$ \_\_\_\_\_ to be paid in full with this return.  
\_\_\_\_ the amount of \$ \_\_\_\_\_ will be deducted from your account on \_\_\_\_\_

✶ Mail to:

\_\_\_\_ Internal Revenue Service: PO Box 804521 Cincinnati, OH 45280-4521 (940 with pmt)  
\_\_\_\_ Internal Revenue Service: PO Box 804522 Cincinnati, OH 45280-4522 (941 with pmt)  
\_\_\_\_ Internal Revenue Service: Cincinnati, OH 45999-0046 (940 - no pmt)  
\_\_\_\_ Internal Revenue Service: Cincinnati, OH 45999-0005 (941 - no pmt)  
\_\_\_\_ NYS Employment Taxes: PO Box 4119, Binghamton, NY 13902-4119  
\_\_\_\_ NYS Tax Dept Processing Unit, PO Box 4111, Binghamton, NY 13902-4111 (NYS-1)  
\_\_\_\_ Internal Revenue Service: Andover, MA 05501-0002 (Personal Refund)  
\_\_\_\_ Internal Revenue Service: PO Box 37002, Hartford, CT 06176-0002 (Personal owe)  
\_\_\_\_ State Processing Center, PO Box 61000, Albany, NY 12261-0001 (Personal State)  
\_\_\_\_ State Processing Center, PO Box 22076, Albany, NY 12201-2076 (LLC/L.P. Fee)  
\_\_\_\_ NYS Sales Tax Processing: PO Box 15168 Albany, NY 12212-5168  
\_\_\_\_ Internal Revenue Service: Ogden, Utah 84201-0027 (990 Return)

✶ Special Instructions:

Amendment Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

**PLEASE EXAMINE THE RETURNS CAREFULLY.** If you have any questions concerning its content contact us immediately. Your copy to mail is attached to this instruction sheet

**\* PLEASE INDICATE IDENTIFICATION NUMBER ON FACE OF CHECK.**

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** \_\_\_\_\_

**DOCUMENT NUMBER:** \_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

RYAN GONZALES

\_\_\_\_\_  
(Name of Contact Person)

DISTINGUISHED BY DESIGN, INC.

\_\_\_\_\_  
(Firm/Company)

600 CAFFERTY HILL RD

\_\_\_\_\_  
(Address)

ENDICOTT, NEW YORK 13760

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

RYAN GONZALES

at (607)444-3399

\_\_\_\_\_  
(Name of Contact Person)

\_\_\_\_\_  
(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- |   |  |   |   |
|---|--|---|---|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(Additional copy is<br>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 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:  
DISTINGUISHED BY DESIGN, INC. GRAPHIC SYSTEMS INSTALLERS

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

THIRD: The date dissolution was authorized: \_\_\_\_\_

Effective date of dissolution if applicable: DECEMBER 31, 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

\_\_\_\_\_  
(voting group)

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)

RYAN GONZALES

\_\_\_\_\_  
(Typed or printed name of person signing)

PRESIDENT

\_\_\_\_\_  
(Title of person signing)