

P13000015591

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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MAIL

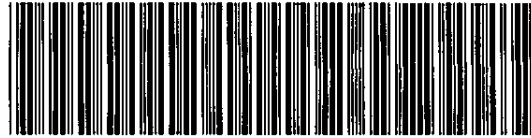
(Business Entity Name)

(Document Number)

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08/25/14--01053--020 **35.00

14 AUG 25 PM 2:15

RECEIVED
DIVISION OF REGISTRATION

C. LEWIS
SEP 3 2014
EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of Florida Kyma, Inc.

DOCUMENT NUMBER: P1300005591

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

Please return all correspondence concerning this matter to the following:

Anastasia Meimaroglou
(Name of Contact Person)

Florida Kyma, Inc.
(Firm/Company)

1114 Cheyenne Drive
(Address)

Indian Harbour Beach, FL 32937
(City/State and Zip Code)

For further information concerning this matter, please call:

Anastasia Meimaroglou at (540) 413-6606
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$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 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

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

14 AUG 25 PM 2:15

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:

Florida Kyma, Inc.

SECOND: The document number of the corporation (if known): P13000015591

THIRD: The date dissolution was authorized: 7/1/2014

Effective date of dissolution if applicable: 8/23/2014
(no more than 90 days after dissolution file date)

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)

Anastasia Z. Meimaroglou
(Typed or printed name of person signing)

Founder / President
(Title of person signing)

Filing Fee: \$35

Notice of Corporate Dissolution

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

14 AUG 25 PM 2:15

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.

Name of Corporation: Florida Kyma, Inc.

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:

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

1114 Cheyenne Drive
Indian Harbour Beach, FL
32937

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.

Anastasia Meimaroglou Anastasia Meimaroglou
Printed Name of the Person Filing Signature of the Person Filing