(Re	equestor's Name)	
(Ac	ldress)	<u> </u>
(Ac	łdress)	<del>_</del>
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	/
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		;
	Office Use On	ly



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# COVER LETTER

Amendment Section

TO:

**Division of Corporations** SARRAFF WATCH MAKER INC Name of Corporation DOCUMENT NUMBER: P13000017579 The enclosed Articles of Correction and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Ruben Sarraff Name of Contact Person Sarraff Watchmaker Inc Firm/Company 36 NE 1st Street Ste 527 Miami, Florida 33132 City/State and Zip Code amtaxserv@att.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Ruben Sarraff Name of Contact Person Enclosed is a check for the following amount: ■ \$43.75 Filing Fee & Certificate of Status □ \$35.00 Filing Fee □ \$52.50 Filing Fee, Certificate of Status & □ \$43.75 Filing Fee & Certified Copy Certified Copy Mailing Address: Street Address: Amendment Section Amendment Section Division of Corporations **Division of Corporations** Clifton Building P.O. Box 6327 Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

#### **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: DISSOLUTION	
DOCUMENT NUMBER: P13000017579	
The enclosed Articles of Dissolution and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Ruben Sarraft (Name of Contact Person)	
Sarraff Watchmaker Inc (Firm/Company)	
36 NE 1st street Ste 527 (Address)	
Miami Florida 33132	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
(Name of Contact Person) at (305) 439-5544  (Area Code & Daytime Telephone Number	<del>.</del> )
Enclosed is a check for the following amount:	
□\$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee, Certificate of Status Certified Copy (Additional copy is enclosed)  □\$43.75 Filing Fee & □\$52.50 Filing Fee, Certified Copy (Additional copy is enclosed)	
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle	

Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION

13 APR 23 PM 2: 14

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following extractions articles of dissolution:

FIRST:	The name of the corporation as currently filed with the Florida Department of State:
	Sarraff Watchmaker Inc
SECOND:	The document number of the corporation (if known): P130 000 17579
THIRD:	The file date of the articles of incorporation: $03 22 80 3$
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.
Sign	ature:  (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.)  (Typed or printed name of person signing)  (Typed or printed name 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. 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: Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 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. ne Person Filing

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