# Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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Division of Corporations

: (850)617-6380

From:

Account Name Account Number: FCA00000023

: C T CORPORATION SYSTEM

Phone

(850) 205-8842

Fax Number

## DISSOLUTION OR WITHDRAWAL ESJ WYNWOOD HOLDING INC

Certificate of Status	0
Certified Copy	1
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FEB 02 2016

C. CARROTHERS

## ARTICLES OF DISSOLUTION

Pursuant to of dissolution	section 607.1403, Florida Statutes, this Florida profit corporation submits the following on:	articles
FIRST:	The name of the corporation as currently filed with the Florida Department of State:  ### ### ### ### ### ### ### ### ### #	CRETARY LAHASSE
SECOND:	The document number of the corporation (if known):	F.F.C
THIRD:	The date dissolution was authorized: January 29, 2016	ORIDE DRIDE
	Effective date of dissolution if applicable:	-
	(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 not be listed as the document's effective date on the Department of State's records.	date will
FOURTH:	Adoption of Dissolution (CHECK ONE)	
	Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.	olution
	☐ 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)	
	(vouing group)	
	2:	
•	(By a director, president or otherwillier 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)	
	Armoud Sithon	
	(Typed or printed name of person signing)	
	Vice President	
	(Title of person signing)	

2/1/2016 11:16:16 AM From: To: 8506176380( 3/3 )

### 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 5, 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;
The members have elected to dissolve this
Corporation.
Mailing address where claims can be sent (Claims cannot be sent to the Division of Corporations)
19950 Wist County Club Drive
Suite 800
Aventura, Fr 33180
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.
Arnaud Sitton
Printed Name of the Person Filing Signature of the Person Filing

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