

P13000048721

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

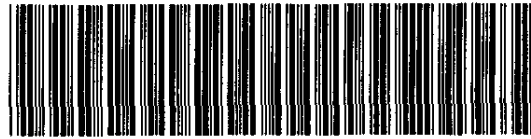
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/18/14--01006--018 **43.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 JUN 18 PM 2:04

C. LEWIS
JUL 3 2014
EXAMINER

***COVER LETTER**

TO: Amendment Section
Division of Corporations

SUBJECT: COMPANY DISSOLUTION

DOCUMENT NUMBER: P13000048721

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

Please return all correspondence concerning this matter to the following:

FABIAN MARTINEZ

(Name of Contact Person)

MARTINEZ DISTRIBUTORS CORP

(Firm/Company)

P.O. BOX 526368

(Address)

MIAMI, FLORIDA 33152

(City/State and Zip Code)

For further information concerning this matter, please call:

FABIAN MARTINEZ

(Name of Contact Person)

at (**305**) **882-8282**

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution: 14 JUN 18 PM 2:04

FIRST: The name of the corporation as currently filed with the Florida Department of State:
MARTINEZ PROCESSING , INC.

SECOND: The document number of the corporation (if known): **P13000048721**

THIRD: The date dissolution was authorized: **6/12/14**

Effective date of dissolution if applicable: **06/16/2014**
(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)

FABIAN MARTINEZ

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 JUN 18 PM 2:05