

PBout State

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MAIL

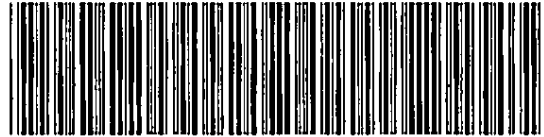
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800312023958

04/18/18--01013--019 **35.00

R. WHITE

MAY 30 2018

FILED
18 MAY 29 AM 9:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 20, 2018

DONNA A ROSELLI
2600 S KANNER HWY #0-9
STUART, FL 34994

SUBJECT: MIA KACEE, INC.
Ref. Number: P13000056826

We have received your document for MIA KACEE, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to nonprofit statutes (chapter 617, Florida Statutes). As the entity was originally filed as a corporation for profit, this document should be filed pursuant to chapter 607, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White
Regulatory Specialist II

Letter Number: 518A00008080

RECEIVED
18 MAY 29 AM 10:41
SECRETARY OF STATE
TALLAHASSEE, FL 32311

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Disolution of MIA KACEE Inc.

DOCUMENT NUMBER: P13000056826 ^{TAX ID #} 46-3156309

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

Please return all correspondence concerning this matter to the following:

Donna A. Roselli
(Name of Contact Person)

MIA KACEE INC
(Firm/Company)

2600 S. Kanner Hwy #0-9
(Address)

STUART FLORIDA 34994
(City/State and Zip Code)

For further information concerning this matter, please call:

Donna A. Roselli at 617-633-0868
(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)

*pd
previously
see cover letter*

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

FILED

ARTICLES OF DISSOLUTION

18 MAY 29 AM 9:00

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:

MIA KACEE INC

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

P13000056826

TAX ID #

THIRD: The date dissolution was authorized:

12-31-17

46-3156309

Effective date of dissolution if applicable: 12-31-17

(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

OWNED & OPERATED BY SELF ONLY - vote 1 yes
(voting group) 0 NO

Signature:

Donna A. Roselli

(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)

Donna A. Roselli

(Typed or printed name of person signing)

PRESIDENT / CEO / OWNER

(Title 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: MIA KACEE 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:

12.31.17 - dissolved by self
Filed 4/13/18

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

D. Roselli - 2600 S. Kanner Hwy # 0-9
STUART, FLA
34994

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.

Donna A. Roselli
Printed Name of the Person Filing

Donna A. Roselli
Signature of the Person Filing