# 7/3 0000 72460

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	//State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nam	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	

Office Use Only



200277999882

10/14/15--01004--011 \*\*35.00

2815 0C1 14 PH 3: 23

OCT 1 4 2014 C. CARROTHERS

# **COVER LETTER**

TO: Amendment Section

Division of Corporations	
SUBJECT: FINISH BY FUENTES INC	
DOCUMENT NUMBER: P13000072160	
The enclosed Articles of Dissolution and	fee are submitted for filing.
Please return all correspondence concerning	ng this matter to the following:
PAULINO FUENTES	
A Parul 1	Company)
127 JOHNSON CT	
(A	Address)
NAPLES FL 34104	
(City/Sta	ate and Zip Code)
For further information concerning this ma	atter, please call:
PAULINO FUENTES	at ( 239-280-9665
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amo	unt:
■ \$35 Filing Fee  \$43.75 Filing Fee & Certificate of Status	□ \$43.75 Filing Fee & □ \$52.50 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

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:  FINISH BY FUENTES INC  The document number of the corporation (if known):  P13000072160		
SECOND:			
THIRD:	The date dissolution was authorized: 10/30/2015		
	Effective date of dissolution if applicable: 10/30/2015		
	(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.		
	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		
	100%		
	(voting group)		
	Signature:  (By a director, president of 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)		
	PAULINO FUENTES		
	(Typed or printed name of person signing)		
	PRESIDENT		
	(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. FINISH BY FUENTES INC 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: **VOLUNTARY DISSOLUTION** Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 127 JOHNSON CT NAPLES FL 34104 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. PAULINO FUENTES Printed Name of the Person Filing

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