P13000091562

(Re	equestor's Name)	<u> </u>	
(Ad	idress)		
(Ad	idress)		
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	ısiness Entity Nar	ne)	
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to	Filing Officer:		
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Office Use Only

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COVER LETTER .

TO: Amendment Section Division of Corporations	•
•	
SUBJECT: Closing of Princi	paled 1, Corp
DOCUMENT NUMBER: P13	000091562
The enclosed Articles of Dissolution and f	ee are submitted for filing.
Please return all correspondence concerning	g this matter to the following:
Pamela Silecchia	
(Name of	Contact Person)
Principaled1, Corp	
(Firm	n/Company)
130 NW Swann Mill Cire	cle
(A	ddress)
Port St Lucie, FL 34986	
(City/Sta	te and Zip Code)
For further information concerning this ma	tter, please call:
Pamela Silecchia	_{at (} 772 ₎ 237-3518
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amou	nt:
□ \$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 Principaled 1, Corp	of State:	
SECOND:	The document number of the corporation (if known): P13000	091:	<u>54</u> 2
ΓHIRD:	The date dissolution was authorized: 02/01/2015		
	Effective date of dissolution <u>if applicable</u> : 02/01/2015 (no more than 90 days after dissolution	n file date)	
FOURTH:	Adoption of Dissolution (CHECK ONE)		
	Dissolution was approved by the shareholders. The number of votes cast was sufficient for approval.	for dissol	ution
	Dissolution was approved by the shareholders through voting groups.		
	The following statement must be separately provided for each voting group e to vote separately on the plan to dissolve:		0:
	The number of votes cast for dissolution was sufficient for approval by	15 FEB	SECK!
	1	<u>ြံ</u>	SEC.
	(voting group)	AH 8: 15	F COMPORATION
	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)		
	Pamela Silecchia		
	(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.

Principaled 1 Corn

Pamela Silecchia

Printed Name of the Person Filing

Name of Corporation:	Tilicipaled 1, Corp		
Date of dissolution will specified in the <i>Articles</i>	be the date the dissolution is filed with the Department of State or as sof Dissolution.		
Description of informat	ion that must be included in a claim:		
Closed consu	Iting business		
			
Mailing address where	claims can be sent: (Claims cannot be sent to the Division of Corporations)	15 FI	SECT STAIN
130	NW Swann Mill Circle	FEB -3	
Port	St Lucie, FL 34986	AH.	1889. 1889.
		8:	
		2	7
A claim against the abouithin 4 years after the	ove named corporation will be barred unless a proceeding to enforce the claim if	s comme	enced
William 4 years after the			