

P13000102349

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

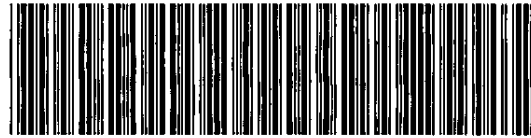
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/20/14--01019--022 **43.75

VP

JUL 28 2014

R. WHITE

FILED
JUL 25 PM 3:10
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 8, 2014

MARIA DE LOS ANGELES GONZALEZ
3107 NE 4TH ST
HOMESTEAD, FL 33033

SUBJECT: NENE TRAVIESA MAGAZINE INC
Ref. Number: P13000102349

We have received your document for NENE TRAVIESA MAGAZINE INC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is no provision in Florida Statute for a Florida profit corporation to convert to become a non profit corporation. This corporation would need to first submit articles of dissolution to dissolve the profit corporation and then submit new articles of incorporation for a Florida not forprofit corporation. Please find enclosed, the form to file both. Also, the filing fee to file articles of incorporation for a new non profit corporation is \$70.00 and is also due upon filing.

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: 514A00014639

RECEIVED
14 JUL 25 PM 3:17
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: NENE TRAVIESA MAGAZINE INC

DOCUMENT NUMBER: P13000102349

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

Please return all correspondence concerning this matter to the following:

Maria de los Angeles Gonzalez

(Name of Contact Person)

Amaro Accounting Services PA

(Firm/Company)

3107 NE 4th Street

(Address)

Homestead, Florida 33033

(City/State and Zip Code)

For further information concerning this matter, please call:

Maria de los Angeles Gonzalez at (786) 556-3424

(Name of Contact Person)

(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

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FILED
14 JUL 25 PM 3:10
TALLAHASSEE, FLORIDA

FIRST: The name of the corporation as currently filed with the Florida Department of State:

NENE TRAVIESA MAGAZINE INC

SECOND: The document number of the corporation (if known): **P13000102349**

THIRD: The date dissolution was authorized: **07-13-2014**

Effective date of dissolution if applicable: **07-13-2014**
(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

100%
(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)

Maria de los Angeles Gonzalez

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35