

P14 000030959

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

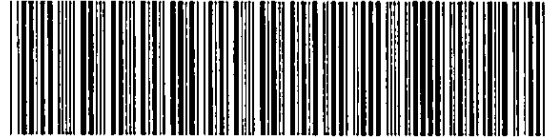
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



300408544213

05/23/23--01002--007 **55.00

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2023 MAY 23 AM 8:54
2023 MAY 23 AM 7:56
SECRETARIAT OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Ms Tutu's @ Patrace Place inc

DOCUMENT NUMBER: P140000030959

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

Please return all correspondence concerning this matter to the following:

Venica Brown
(Name of Contact Person)

Ms Tutu's @ Patrace Place inc
(Firm/Company)

2450-3 Spring Hill Dd
(Address)

TLH FL 32305
(City/State and Zip Code)

2023 MAY 23 AM 8:54
STATE OF FLORIDA
TALLAHASSEE, FL

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For further information concerning this matter, please call:

Venica Brown at (850) 251 9942
(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)

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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:

Ms Tutu's @ Patrece Place inc

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

P140000030959

THIRD: The date dissolution was authorized:

5/23/23

Effective date of dissolution if applicable: _____

(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: Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.

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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL

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)

Venica Brown

(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.

Name of Corporation: Ms Tutu's @ Patrece Place Inc

The above named corporation is the subject of dissolution and the effective date of a dissolution is: 5/23/23

(date filed with the Dept. if date specified in the Articles of Dissolution)

Description of information that must be included in a claim:

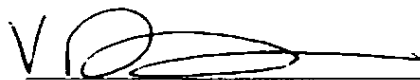
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TALLAHASSEE, FL
STATE

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

144 Stevens DR
Midway FL 32234

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.

Venica Brown
Printed Name of the Person Filing


Signature of the Person Filing