

P15000028106

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

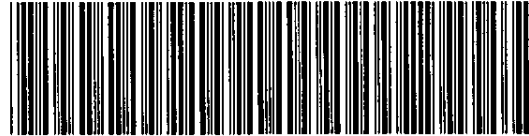
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200276166122

08/20/15--01008--020 \*\*35.00

FILED  
15 AUG 20 PM 2:31  
SECRETARY OF STATE  
TALLAHASSEE, FL 32301

ass. w/memo

AUG 26 2015

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** HYPE HOME THEATRE & AUTOMATION SYSTEMS CORP

**DOCUMENT NUMBER:** P15000028106

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

Please return all correspondence concerning this matter to the following:

PAULO M LORETO DE ABREU

(Name of Contact Person)

HYPE HOME THEATRE & AUTOMATION SYSTEMS CORP

(Firm/Company)

690 SW 1 ST CT UNIT 1727

(Address)

MIAMI FL 33130

(City/State and Zip Code)

For further information concerning this matter, please call:

PAULO M LORETO DE ABREU

at ( 305-901-9189

(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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

FILED  
15 AUG 20 PM 2:55  
SECRETARY OF STATE  
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:

HYPE HOME THEATRE & AUTOMATION SYSTEMS CORP

SECOND: The document number of the corporation (if known): P15000028106

THIRD: The date dissolution was authorized: 08/18/2015

Effective date of dissolution if applicable: 08/18/2015

(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.
- ☐ 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

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)

PAULO M LORETO DE ABREU

(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: \_\_\_\_\_

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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

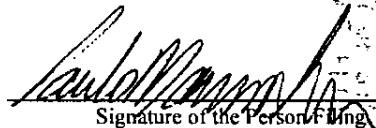
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.

**PAULO M LORETO DE ABREU**

Printed Name of the Person Filing

  
Signature of the Person Filing

FILED  
15 AUG 20 PM 2:31  
SECRET  
TALLAHASSEE

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