

P15000076800

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000305269 3)))



H160003052693ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

2016 DEC 13 AM 9:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

DISSOLUTION OR WITHDRAWAL

KEILY & KATY INC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

2016 DEC 13 AM 3:48

Electronic Filing Menu

Corporate Filing Menu

Help

10/1/16

H16000305269

ARTICLE 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:

KEILY & KATY INC

SECOND: The document number of the corporation (if Known): **P15000076800**

THIRD: The date dissolution was authorized: **DECEMBER 04, 2016**

Effective date of dissolution if applicable:

(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
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

(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)

ROSA E GONZALEZ

(type or printed name of person signing)

PRESIDENT

(Title of person signing)

H16000305269

FILED
2016 DEC 13 AM 9:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA