

Pilobolus 58813

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

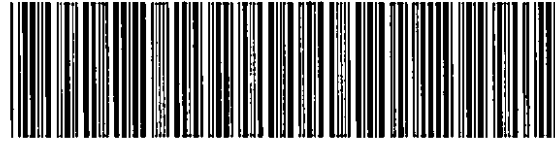
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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17 JUL 2017

Client WrapStar Graphics, Inc Period _____

Enclosed herewith is your _____ Annual _____ Quarterly _____ Monthly _____

FEDERAL

____ Individual Income Tax Returns
____ Form 990
____ Withholding and FICA Return (941)
____ Unemployment Tax Return (940)
____ Amended Individual Tax Return
 (1040X)

STATE

____ Individual Income Tax Returns
____ Corporate Tax Returns
____ Partnership Income Tax Returns
____ Fiduciary Income Tax Returns
____ Form CHAR 497
____ Sales Tax Report
____ NYS-45 & NYS-45-ATT
____ NYS-1
____ Amended Individual Tax Returns
____ ☒ FL Dissolution

This return/deposit is due before ASAP and should be signed by:

____ You
____ You and your spouse
____ ☒ Authorized Partner
____ ☒ Authorized Corporate Officer

Also:

____ No payment is required with this form.
____ Refund claim in the amount of \$ _____
____ ☒ A check* /deposit should be made payable to Florida Dept. of State in
the amount of \$ 35.00 to be paid in full with this return.
____ the amount of \$ _____ will be deducted from your account on _____

Mail to:

____ Internal Revenue Service: PO Box 804521 Cincinnati, OH 45280-4521 (940 with pmt)
____ Internal Revenue Service: PO Box 804522 Cincinnati, OH 45280-4522 (941 with pmt)
____ Internal Revenue Service: Cincinnati, OH 45999-0046 (940 - no pmt)
____ Internal Revenue Service: Cincinnati, OH 45999-0005 (941 - no pmt)
____ NYS Employment Taxes: PO Box 4119, Binghamton, NY 13902-4119
____ NYS Tax Dept Processing Unit, PO Box 4111, Binghamton, NY 13902-4111 (NYS-1)
____ Internal Revenue Service: Andover, MA 05501-0002 (Personal Refund)
____ Internal Revenue Service: PO Box 37002, Hartford, CT 06176-0002 (Personal owe)
____ State Processing Center, PO Box 61000, Albany, NY 12261-0001 (Personal State)
____ State Processing Center, PO Box 22076, Albany, NY 12201-2076 (LLC/LLP Fee)
____ NYS Sales Tax Processing: PO Box 15168 Albany, NY 12212-5168
____ Internal Revenue Service: Ogden, Utah 84201-0027 (990 Return)

Special Instructions:

Amendment Section
Division of Corporations
P.O. Box 6325
Tallahassee, FL 32314

PLEASE EXAMINE THE RETURNS CAREFULLY. If you have any questions concerning its content contact us immediately. Your copy to mail is attached to this instruction sheet

*** PLEASE INDICATE IDENTIFICATION NUMBER ON FACE OF CHECK.**

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DISSOLUTION _____

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

RYAN GONZALES		
(Name of Contact Person)		
WRAPSTAR GRAPHICS, INC.		
(Firm/Company)		
600 CAFFERTY HILL RD		
(Address)		
ENDICOTT, NEW YORK 13760		
(City/State and Zip Code)		

For further information concerning this matter, please call:

RYAN GONZALES		(607)444-3399
(Name of Contact Person)	at	(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|---|
| <input checked="" 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:

FIRST: The name of the corporation as currently filed with the Florida Department of State:
WRAPSTAR GRAPHICS, INC.

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

THIRD: The date dissolution was authorized: _____

Effective date of dissolution if applicable: DECEMBER 31, 2016

(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

(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)

RYAN GONZALES

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)