

P16 000071605

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

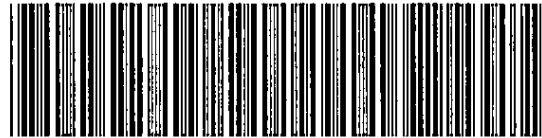
(Business Entity Name)

(Document Number)

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

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notice*

03/04/21 --01014--027 \*\*43.75

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2021 MAR -4 AM 11:59

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** \_\_\_\_\_

**DOCUMENT NUMBER:** P-16000071605

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

Please return all correspondence concerning this matter to the following:

Cecilia Aosa

(Name of Contact Person)

Catering Concepts Inc.

(Firm/Company)

533 NW 40st n

(Address)

Miami Fl. 33127

(City/State and Zip Code)

For further information concerning this matter, please call:

Cecilia Aosa

(Name of Contact Person)

at ( 305 )

(Area Code)

323-0770

(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 617.1401, Florida Statutes, this Florida not for profit corporation submits the following Articles of Dissolution:

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

Catering Concepts Inc.

SECOND: The document number of the corporation (if known): A-16000071605

THIRD: The file date of the articles of incorporation: \_\_\_\_\_

FOURTH The corporation has not commenced to conduct its affairs.

FIFTH: No debts of the corporation remains unpaid.

SIXTH: Adoption of Dissolution **(CHECK ONE)**  
(Note: Cannot be authorized by an incorporator if the corporation has directors)

☒ The dissolution was authorized by a majority of the directors:  
OR Cecilia Sosa

☐ The dissolution was authorized by an incorporator.

☐ The dissolution was authorized by a majority of the incorporators.

Signature: \_\_\_\_\_

(By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

Cecilia Sosa

(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. 617.1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: ~~XXXXXX~~: Catering Concepts Inc.

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:

Closed because of Covid

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

533 N.W 40 st  
Miami Fl. 33127

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.

Cecilia Sosa

Printed Name of the Person Filing

Cecilia Sosa

Signature of the Person Filing

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