

PI7000090650

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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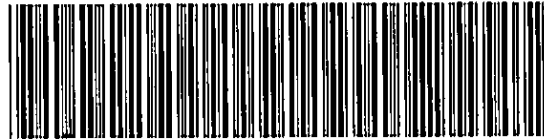
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
JUL 12 2019  
19 JUL 12 09:12:09

*Dissolution*

JUL 12 2019

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** The Ripple Effect Promotions, Inc.  
\_\_\_\_\_

**DOCUMENT NUMBER:** P17000090650  
\_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

Yerik Akhmetov  
\_\_\_\_\_

(Name of Contact Person)

The Ripple Effect Promotions, Inc.  
\_\_\_\_\_

(Firm/Company)

3665 Winkler Ave, Apt 1336  
\_\_\_\_\_

(Address)

Fort Myers, FL, 33916  
\_\_\_\_\_

(City/State and Zip Code)

For further information concerning this matter, please call:

Yerik Akhmetov  
\_\_\_\_\_

at ( 501-504-4348

(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

## 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:  
The Ripple Effect Promotions, Inc.

SECOND: The document number of the corporation (if known): P17000090650

THIRD: The date dissolution was authorized: 06/19/2019

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: 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

1

(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)

Yerik Akhmetov

(Typed or printed name of person signing)

President

(Title of person signing)

SECRET  
19 JUN - 1 PM 12:09  
STATE  
CORPORATION  
DIVISION

## **Resolution to Dissolve a Corporation**

WHEREAS, the Board of Directors has determined this action is beneficial for the Corporation, be it:

RESOLVED, to dissolve the corporation known as: The Ripple Effect Promotions, Inc. as duly agreed by the board and adopted by the shareholders.

The undersigned hereby certifies that he/she is the duly elected and qualified Secretary and the custodian of the books and records of The Ripple Effect Promotions, Inc., a corporation duly formed pursuant to the laws of the state of Florida, and that the foregoing is a true record of a resolution duly adopted at a meeting of the Board and that said meeting was held in accordance with state law and the Bylaws of the above-named Corporation on June 19, 2019, and that said resolution is now in full force and effect without modification or rescission.

As witness, I have executed my name as Secretary of the above-named Corporation this 19 day of June 2019.



**Signature of Secretary**

YERIC AKHMETOV

**Printed Name of Secretary**