

PI5C000041715

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

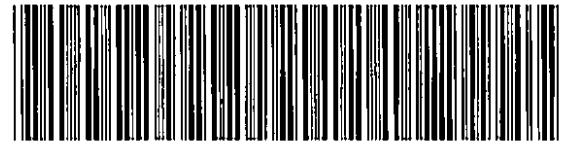
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OD/RES

JUL 13 2018
I ALBRITTON

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MY ONE PARAISO INC

(Name of Corporation)

DOCUMENT NUMBER: P18000041715

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

CLAUDIO BENEDETTI

(Name of Person)

(Name of Firm/Company)

1680 MICHIGAN AVE STE 910

(Address)

MIAMI BEACH, FL 33139

(City/State and Zip Code)

For further information concerning this matter, please call:

CLAUDIO BENEDETTI at (305 762 4971)AURELIO

(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

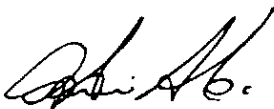
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

AURELIO GOLDONI PRESIDENT
I, _____, hereby resign as _____
(Title)

MY ONE PARAISO INC
of _____
(Name of Corporation)

P18000041715
_____, a corporation organized under the laws of the State of
(Document Number, if known)
FLORIDA



(Signature of resigning officer/director)

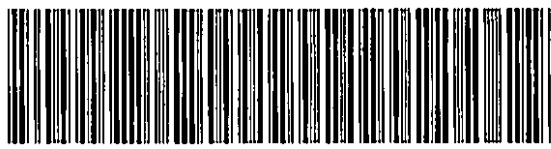
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TALLAHASSEE, FLORIDA

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

P15000099284



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TALLAHASSEE, FLORIDA

Attf Dis

JUL 13 2018
ALBRITTON

Special Instructions to Filing Officer:

Office Use Only

Requestor's Name
(Address)
(Address)
(City/State/Zip/Phone #)
☐ PICK-UP ☐ WAIT ☐ MAIL
(Business Entity Name)
(Document Number)
Certified Copies _____
Certificates of Status _____

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of Corporation

DOCUMENT NUMBER: P15000099284

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

Please return all correspondence concerning this matter to the following:

Martin James Katsenuk
(Name of Contact Person)

M+E Signature Drycleaners
(Firm/Company)

4725 SW 62nd Ave #101
(Address)

Davie, FL 33314
(City/State and Zip Code)

For further information concerning this matter, please call:

Martin J. Katsenuk at (954) 661-7230
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$35 Filing Fee ☐ \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee
Certificate of Status ☐ Certificate of Status & ☐ Certificate of Status &
(Additional copy is enclosed) (Additional copy is enclosed)
(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 607.1401, 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: M+E Signature Drycleaners, Inc.
 SECOND: The document number of the corporation (if known): FL5000099284
 THIRD: The file date of the articles of incorporation: December 11, 2015

FOURTH: (CHECK AT LEAST ONE BOX)

☒ None of the corporation's shares have been issued.

☐ The corporation has not commenced business.

FIFTH: No debt of the corporation remains unpaid.

SIXTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.

SEVENTH: Adoption of Dissolution (CHECK ONE)

☒ A majority of the incorporators authorized the dissolution.

☐ A majority of the directors authorized the dissolution.

Signature:

(Handwritten signature of M. J. Kuszynski)

(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.)

M. J. Kuszynski

(Typed or printed name of person signing)

(Title of Person Signing)

President

Filing Fee: \$35

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TALLAHASSEE, FLORIDA