# P180000 48 134

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Statu	ıs
Special Instructions to Filing Officer:	
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Office Use Only



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JUN 04 2019 S. YOUNG

## **COVER LETTER**

TO: Amendment Section

Division of Corporations	
SUBJECT: Corporate Dissolution	
DOCUMENT NUMBER: P1800004813-	4
The enclosed Articles of Dissolution and	d fee are submitted for filing.
Please return all correspondence concern	ting this matter to the following:
Linda N Stegman	
(Name o	of Contact Person)
Linart Business Services Inc	
(F	irm/Company)
399 Camino Gardens Blvd, Suite 305	
(	(Address)
Boca Raton, FL 33432	
(City/S	State and Zip Code)
For further information concerning this m	natter, please call:
Linda N Stegman	at (at (
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amo	ount:
■ \$35 Filing Fee □ \$43.75 Filing Fee & Certificate of Status	÷ c
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:  Tastes of Transcendence Inc
SECOND:	The document number of the corporation (if known):
THIRD:	The date dissolution was authorized: April 1, 2019
	Effective date of dissolution if applicable: April 1, 2019
	(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 east 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
	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, perident 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)
	Edyta Jakubowski
	(Typed or printed name of person signing)
	President
	Citle 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. 607.1407, F.S. This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution. Name of Corporation: \_\_\_\_ 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: Name and address of claimant Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 1947 Plunkett St, Apt 1 Hollywood, FL 33020 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. Edyta Jakubowski Printed Name of the Person Filing