Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000423626 3)))



H210004236263ABC-

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : KIJOENNA SERVICES INC

Account Number : I20080000033 Phone

: (305)644-3055

Fax Number

: (305)644-3052

## DISSOLUTION OR WITHDRAWAL PAULA'S DESIGNER, INC

The state of the s	and the same of the contract o
Certificate of Status	0
Cortified Copy	0
Page Count	01
Estimated Charge	\$35.00

Electronic Filing Menu Corporate Filing Menu

Help

A. RAMSEY

NOV 1 7 2021

## · <u>COVER LETTER</u>

TO:	Amendm	ent Section			66.5	•	<b>e</b> ,
	Division	of Corporations					••
SUBJ	ECT: PAUL	A'S DESIGNER INC					
DOC	UMENT NI	JMBER: P18000081476			-		
The e	nclosed Arti	cles of Dissolution and i	fee are submitted fo	or filing.			
Pleaso	return all c	orrespondence concernin	g this matter to the	followir	ıg:		
ENNA	DIEPPA						
		(Name of	Contact Person)				•
KRISJ	OENNA SERV	TICES INC					
		(Fire	n/Company)			<del></del>	
2141 S	W 1 SY STE I	10					
	<u></u>	(A	.ddress)				
MIAM	I, FL 33135						
		(City/Sta	te and Zip Code)	<del></del>			
For fu	rther inform	ation concerning this ma	tter, plcase call:				
ENA D	DIEPPA		at (	3			
	(Name (	of Contact Person)	(Arca C	Code) (I	Daytime Tele	ерһоде Ми	mber)
Enclos	sed is a chec	k for the following amou	unt:				
<b>■</b> \$35	Filing Fee	Li \$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Certified Copy (Additional copy enclosed)		I \$52.50 Fi Certificate Certified C (Additional enclosed)	of Štatus & opy	2
Am Div P.C	niling Addre mendment Secrision of Cor D. Box 6327 lahassee, FL	ction porations		Amend Divisio The Ce 2415 N	Address: ment Section n of Corpora ntre of Talla . Monroe St ssee, FL 32	ations hassee rect, Suite	810

FILED

## ARTICLES OF DISSOLUTION

2021 HOV 16 AM 9: 53

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles is of dissolution:

FIRST:	PAULA'S DESIGNER INC				
SECOND:					
THIRD:	The date dissolution was authorized:				
	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:	Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.				
	Deside No Le				
,	(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)				
	PAULA VELEZ				
	(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. 607.1407, F.S.

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

Name of Corporation: PAULA'S DESIG	NER INC
The above named corporation is the subject of dissolution and	
•	
(date filed with the Dept. if date spe	citied in the Articles of Dissolution)
Description of information that must be included in a claim:	
NO ACTIVITY	
•	·
•	
	· · · · · · · · · · · · · · · · · · ·
Mailing address where written claims can be sent: (Claims ca	, ,
	·
A claim against the above named corporation will be barred twithin 4 years after the filing of this notice.	inless a proceeding to enforce the claim is commend
Paula Velez	Paula Vellez
Printed Name of the Person Filing	Signature of the Person Filing