

PI8000084728

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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2023 OCT 13 PM 3:48

SECRETARY OF STATE
TALLAHASSEE, FL

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1 2 1 1 3

COVER LETTER

TO: Amendment Section
Division of Corporations

IBUCCI CORP. - Articles of Dissolution

SUBJECT: _____

P18000084728

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

Michael J. Prohidney, Esq.

(Name of Contact Person)

Tilden & Prohidney, P.L.

(Firm/Company)

431 12th Street West, Suite 204

(Address)

Bradenton, FL 34205

(City/State and Zip Code)

For further information concerning this matter, please call:

Michael Prohidney

(941) 243-3959

at (

(Name of Contact Person)

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|---|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

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2023 OCT 13 PM 3:48

SECRETARY OF STATE
TALLAHASSEE, FL

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

P18000084728

SECOND: The document number of the corporation (if known):
August 11, 2023

THIRD: The date dissolution was authorized:

Effective date of dissolution if applicable: 10/10/2023
(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.

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)

BARRY E. BUCCIARELLI, Secretary

(Typed or printed name of person signing)

SECRETARY

(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.

IBUCCI CORP.

Name of Corporation: _____

The above named corporation is the subject of dissolution and the effective date of a dissolution is: _____
(Date filed with the Department) 10/10/23

(date filed with the Dept. if date specified in the Articles of Dissolution)

Description of information that must be included in a claim:

A brief description of the nature of the claim, the amount of the claim, and the date the claim was incurred.

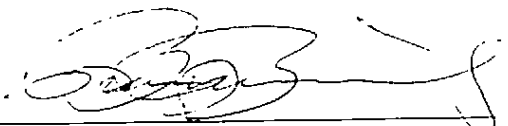
Mailing address where written claims can be sent: (Claims cannot be sent to the Division of Corporations)

18115 HOWLING WOLF RUN PARRISH, FL 34219

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.

BARRY E. BUCCIARELLI, Secretary

Printed Name of the Person Filing



Signature of the Person Filing

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