

P21000050349

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

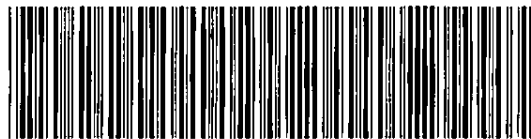
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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OFFICE OF STATE  
TOLSON SEC. FL

R. HUNT  
04/01/24

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Dissolution of corporation

**DOCUMENT NUMBER:** P21000050349

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

Please return all correspondence concerning this matter to the following:

IRVING FUERTES

(Name of Contact Person)

IRVING FUERTES

(Firm/Company)

IRVING FUERTES DESIGN STUDIO, INC

(Address)

189 OLD HICKORY BLVD B6 JACKSON, TN 338305

(City/State and Zip Code)

For further information concerning this matter, please call:

IRVING FUERTES

(Name of Contact Person)

731-731-0952

at (

(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  
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:

FIRST: The name of the corporation as currently filed with the Florida Department of State:  
IRVING FUERTES DESIGN STUDIO, INC

SECOND: The document number of the corporation (if known): P21000050349

THIRD: The date dissolution was authorized: MARCH 25 2024

Effective date of dissolution if applicable: MARCH 25 2024

(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 that fiduciary)

IRVING FUERTES

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

**Filing Fee: \$35**

FILED  
2024 MAR -1 PM 2:43  
CLERK OF STATE  
TALLAHASSEE, FL

## 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: IRVING FUERTES DESIGN STUDIO, INC

The above named corporation is the subject of dissolution and the effective date of a dissolution is: MARCH 25, 2054

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

Description of information that must be included in a claim:

CLOSED ALL ACCOUNT AND BUSINESS IN FLORIDA.

REC-1 PM 2:48  
STATE OF FLORIDA  
TALLAHASSEE, FL

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

189 OLD HICKORY BLVD APT. B6

JACKSON, TN 38305

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.

Irving Fuertes

Printed Name of the Person Filing

[Signature]

Signature of the Person Filing

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