

P2410000060151

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

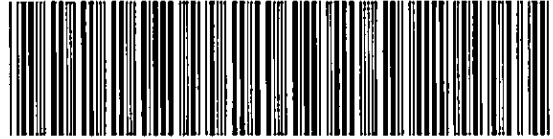
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STATE OF FLORIDA
TALLAHASSEE

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Advanced Incorporating Service

1317 California Street
P.O. Box 20396
Tallahassee, FL 32316

Phone: 850-222-CORP
Fax: 850-575-2724
Email: wlopez@aisincfl.com
Website: www.aisincfl.com

NAME OF ENTITY Miramar Master Association, Inc.	FOR OFFICE USE ONLY

PICK ONE:

___ CERTIFIED COPY XX PHOTOCOPY ___ C.U.S.

FILING:

___ CORPORATION ___ LLC ___ LIMITED PARTNERSHIP ___ GENERAL PARTNERSHIP
___ FICTITIOUS NAME ___ SERVICEMARK/TRADEMARK ___ AMENDMENT
___ FOREIGN QUALIFICATION ___ JUDGMENT LIEN
XX OTHER Dissolution

RETRIEVAL:

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Of _____

APOSTILLE/NOTARY CERTIFICATION REQUEST:

Country _____

Amount of Documents _____

DATE 10/15/24 TIME _____

Notes: FILE FIRST

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:

MIRAMAR MASTER ASSOCIATION, INC.

SECOND: The document number of the corporation (if known): P24000060151

THIRD: The date dissolution was authorized: 10/14/2024

Effective date of dissolution if applicable: 10/14/2024

(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, by that fiduciary)

YANE ZANA

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35