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To:

Division of Corporations

Fax Number : (850)617-6380

From:

0

S

: BRINKLEY, MORGAN Account Name

Account Number: 076077003213 Phone : (954)522-2200

Fax Number : (954)522-9123

DISSOLUTION OR WITHDRAWAL

Certificate of Status	0			
Certified Copy	0			
Page Count	03			
Estimated Charge	\$35.00			

PMG ENTERPRISES, INC.

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Corporate Filing Menu

Help

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H19000318582 3

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: PMG Enterprises, Inc. (Dissolution	n)
DOCUMENT NUMBER: P93000041832	
The enclosed Articles of Dissolution and	fee are submitted for filing.
Please return all correspondence concerning	ng this matter to the following:
William T. Coleman	
(Name of	f Contact Person)
Brinkley Morgan	
(Fir	m/Company)
100 SE Third Avenue, 23rd Floor	
(A	Address)
Fort Lauderdale, FL 33394	
(City/St	ate and Zip Code)
For further information concerning this ma	atter, please call:
William T. Coleman	at (954-522-2200
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amou	unt:
□ \$35 Filing Fee □ \$43.75 Filing Fee & Certificate of Status	□ \$43.75 Filing Fee & □ \$52.50 Filing Fee, Certified Copy (Additional copy is enclosed) □ \$43.75 Filing Fee & □ \$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 Clifton Building 2661 Executive Center Circle
Tallahassee, FL 32301
H19000318582 3

H190003185823

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: PMG Enterprises, Inc.			
SECOND:	The document number of the corporation (if known): P93000041832			
THIRD;	The date dissolution was authorized:			
	Effective date of dissolution if applicable: 12/01/2019			
	(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 cast 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 to vote separately on the plan to dissolve:			
	The number of votes cast for dissolution was sufficient for approval by			
	19 00			
	(voting group)			
S	(By a director, president or other afficer - 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)			
I	Peter Gayda			
_	(Typed or printed name of person signing)			
F	President of PMG Enterprises, Inc.			
_	(Title of person signing)			

H19000318582 3

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: PMG Enterprises, Inc.		<u> </u>	_
Date of dissolution will be the date the dissolution is filed with the Department of State or specified in the Articles of Dissolution.	as		
Description of information that must be included in a claim:			
1. The name and address of the claimant; 2. A description of the nature of the claim; 3. If known, the	ne amount of the	s claim;	
and 4. If the amount of the claim is unknown, an estimate of the amount of the claim.			_
			
			_
Mailing address where claims can be sent; (Claims cannot be sent to the Division of Corpo	rations)	9 001 28	
William T. Coleman, Brinkley Morgan, 100 SE Third Avenue, 23rd Floor, Fort Lauderdale, FL 333	394	8 A M	: 1
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	<i>→</i>	& 1	_
A claim against the above named corporation will be barred unless a proceeding to enforce within 4 years after the filing of this notice.	the claim is co	ommend	cod
Peter Gayda/	· 7/	۷.	_
Printed Name of the Person Filing Signature of the 1	Signature of the Person Filing		