

Division of Corporations

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**993000041832**

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.

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To: Division of Corporations  
Fax Number : (850) 617-6380

From: Account Name : BRINKLEY, MORGAN  
Account Number : 076077003213  
Phone : (954) 522-2200  
Fax Number : (954) 522-9123

DISSOLUTION OR WITHDRAWAL  
PMG ENTERPRISES, INC.

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

2019 OCT 28 PM 3:56

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STATE OF FLORIDA  
DIVISION OF CORPORATIONS

19 OCT 28 AM 8:36

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OCT 28 2019

T. OCHROEDER

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** PMG Enterprises, Inc. (Dissolution)

**DOCUMENT NUMBER:** P93000041832

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

Please return all correspondence concerning this matter to the following:

William T. Coleman

(Name of Contact Person)

Brinkley Morgan

(Firm/Company)

100 SE Third Avenue, 23rd Floor

(Address)

Fort Lauderdale, FL 33394

(City/State and Zip Code)

For further information concerning this matter, 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 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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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### 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: 10/25/2019

Effective date of dissolution if applicable: 12/01/2019

(no more than 90 days after dissolution file date)

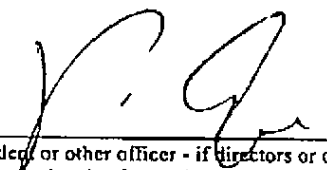
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

\_\_\_\_\_ (voting group)

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)

Peter Gaydn  
\_\_\_\_\_  
(Typed or printed name of person signing)

President of PMG Enterprises, Inc.  
\_\_\_\_\_  
(Title of person signing)

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19 OCT 28 AM 8:35  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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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.

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution.

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 amount of the 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 Corporations)

William T. Coleman, Brinkley Morgan, 100 SE Third Avenue, 23rd Floor, Fort Lauderdale, FL 33394

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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.

Peter Gayda

Printed Name of the Person Filing

[Handwritten Signature]

Signature of the Person Filing