Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: BRINKLEY, MORGAN

Account Number: 076077003213

: (954)522-2200

Phone

Fax Number

: (954)522-9123

DISSOLUTION OR WITHDRAWAL PMG PLAZA, INC.

Certificate of Status	1
Certified Copy	1
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C. GOLDEN DEC 1 1 2019

TO: Amendment Section

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COVER LETTER

Division of Corporations				
SUBJECT: PMG Plaza, Inc. (Dissolution)				
DOCUMENT NUMBER: P93000062682	2			
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 o	f Contact Person)			
Brinkley Morgan				
(Fin	rm/Company)			
100 SE Third Avenue, 23rd Floor				
(2	Address)			
Fort Lauderdale, FL 33394				
(City/St	tate and Zip Code)			
For further information concerning this me	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 amo	ount:			
□ \$35 Filing Fee □ \$43.75 Filing Fee & Certificate of Status	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			

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ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles 0	AH 9: 17
of dissolution:	

r1K21:	PMG Plaza, Inc.		
SECOND:	The document number of the corporation (if known):		
THIRD:	The date dissolution was authorized: 12/10/200		
	Effective date of dissolution if applicable: 12/20/2019 (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		
	· · · · · · · · · · · · · · · · · · ·		
S	(voting group) Signature: (By a director, president or other officer -lifedirectors 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 Gayda		
-	(Typed or printed name of person signing)		
1	President of PMG Plaza, Inc.		
-	(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.

Name of Corporation: PMG Plaza, Inc.	
Date of dissolution will be the date the dissolution is filed with the specified in the Articles of Dissolution.	e Department of State or 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 amount of the claim;
and 4. If the amount of the claim is unknown, an estimate of the amount	t 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 Flo	or, Fort Laudezdale, FL 33394
A claim against the above named corporation will be barred unless within 4 years after the filing of this notice.	s a proceeding to enforce the claim is commenced
Peter Gayda	V.5'2
Printed Name of the Person Filing	Signature of the Person Filing

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