

P95000070898

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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CLERK OF STATE
ALLAHUSSEIN, FLORIDA

02/04/05--01034--018 **105.00

Dissolution w/Notice

T BROWN FEB 10 2005

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CORPORATION DISSOLUTION

DOCUMENT NUMBER: P95000070898

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

Please return all correspondence concerning this matter to the following:

NAPOLEON PAZ
(Name of Person)

DELLPAZ NORTH INC
(Name of Firm/Company)

51 SEABREEZE AVE
(Address)

DELRAY BEACH FL 33483
(City/State/and Zip Code)

For further information concerning this matter, please call:

NAPOLEON PAZ at (561) 272-0982
(Name of 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, Florida 32314

STREET ADDRESS:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

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 Department of State:

DELLPAZ NORTH, INC.

SECOND: The document number of the corporation (if known): P95000070898

THIRD: The date dissolution was authorized: 12-31-04

Effective date of dissolution if applicable: 12-31-04
(no more than 90 days after dissolution file date)

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 of 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)

Signed this _____ day of _____,

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)

NAPOLEON PAZ
(Typed or printed name of person signing)

DIRECTOR
(Title of person signing)

Filing Fee: \$35

FILED
05 FEB -4 AM 9:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: DELLPAZ NORTH, 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:

NAME OF COMPANY
INVOICE NUMBERS
INVOICE DATES

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

NAPOLEON PAZ
51 SEABREEZE AVE
DELRAY BEACH FL 33483

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.

NAPOLEON PAZ
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