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(Re	equestor's Name)	
(Ad	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

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SECRETARY OF STATE DIVISION OF CORPORATIONS

COVER LETTER

TO: Amendment Section

Division of Corporations	
SUBJECT: Dissolution of Infinite Ideas & Designs	
DOCUMENT NUMBER:	
The enclosed Articles of Dissolution and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
JoAnn Polley	
(Name of Contact Person)	
Infinite Ideas & Designs	
(Firm/Company)	
1015 Semoran Blvd. Suite 253	
(Address)	
Casselberry, FL 32707	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
JoAnn Polley at (407) 443-3085 (Name of Contact Person) (Area Code & Daytime Telephone Num	
(Name of Contact Person) (Area Code & Daytime Telephone Num	ber)
Enclosed is a check for the following amount:	
\$35 Filing Fee \$\bigcup \\$43.75 Filing Fee & Certificate of Status \$\bigcup \\$Certificate of Status	
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle	

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION



Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the florida profit corporation:

FIRST:	The name of the corporation as currently filed with the Florida Department of State:		
	Infinite Ideas & Designs, Inc.		
SECOND:	The document number of the corporation (if known):		
THIRD:	The date dissolution was authorized: 04/10/09		
	Effective date of dissolution <u>if applicable</u> : 04/13/09 (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 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)		
	JoAnn Polley		
	(Typed or printed name of person signing)		
	President		
	(Title of person signing)		

Filing Fee: \$35