

P96000014/39

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

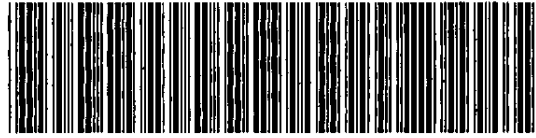
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/20/10--01009--013 **35.00

FILED
10 SEP - 1 PM 12:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ORC 9/14



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 23, 2010

JAMES H COLLIER
COLLIER'S ACCOUNTING & BOOKKEEPING SERV
7840 PIER ROAD
PORT RICHEY, FL 34668

SUBJECT: ONORATO LANDSCAPE DESIGN, INC.
Ref. Number: P96000014139

We have received your document for ONORATO LANDSCAPE DESIGN, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 510A00020171

COVER LETTER

TO: Amendment Section
Division of Corporations

RECEIVED
2010 AUG 30 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: ONORATO LANDSCAPE DESIGN, INC.

DOCUMENT NUMBER: P96000014139

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

Please return all correspondence concerning this matter to the following:

JAMES H COLLIER

(Name of Contact Person)

COLLIER'S ACCOUNTING & BOOKKEEPING SERVICE, INC.

(Firm/Company)

7840 PIER ROAD

(Address)

PORT RICHEY, FL 34668

(City/State and Zip Code)

For further information concerning this matter, please call:

JAMES H COLLIER

(Name of Contact Person)

at (727) 842-2200

(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

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:

ONORATO LANDSCAPE DESIGN, INC.

SECOND: The document number of the corporation (if known): P96000014139

THIRD: The date dissolution was authorized: 08-10-2010

Effective date of dissolution if applicable: 08-10-2010

(no more than 90 days after dissolution file date)

FOURTH: Adoption of Dissolution (CHECK ONE)

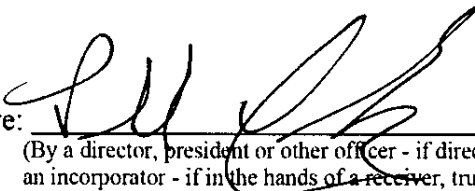
☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ 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)

PATRICK N ONORATO

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35

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TALLAHASSEE, FLORIDA