

P960000 221 33

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

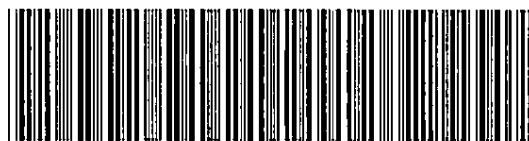
(Business Entity/Name)

(Document Number)

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17 DEC -4 PM 12:04  
CLERK OF DISTRICT COURT  
JANUARY 11 2018

V/D

MICHAEL A. O'BRIEN, P.A.  
ATTORNEY AT LAW

1115 E. LIVINGSTON STREET  
ORLANDO, FLORIDA 32803

TELEPHONE: (407) 872-1484  
FAX: (561) 880-8206  
EMAIL: blackbar@earthlink.net

November 28, 2017

Florida Department of State  
Amendments Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: MY Design, Inc. - Articles of Dissolution

Dear Sir or Madam:

Please find enclosed the Articles of Dissolution for the corporation identified above.  
A check for the filing fee in the amount of \$35.00 is also enclosed.

Thank you for your assistance in this matter. In the event that there is some issue  
with regard to this matter, I would request that you contact me in order to resolve the issue.

Sincerely,



Michael A. O'Brien

MOB/abg  
Enclosures

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** MY Design, Inc.  
\_\_\_\_\_

**DOCUMENT NUMBER:** P96000022133  
\_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

Mark Mazzanti:

\_\_\_\_\_  
(Name of Contact Person)

MY Design, Inc.

\_\_\_\_\_  
(Firm/Company)

P.O. Box 623447

\_\_\_\_\_  
(Address)

Oviedo, Florida 32762

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Mark Mazzanti

321-276-0625

\_\_\_\_\_  
(Name of Contact Person)

at (\_\_\_\_\_) (Area Code) (\_\_\_\_\_) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- |   |  |   |   |
|---|--|---|---|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(Additional copy is<br>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:  
MY Design, Inc.

SECOND: The document number of the corporation (if known): P96000022133

THIRD: The date dissolution was authorized: November 25, 2017

Effective date of dissolution if applicable: November 30, 2017

(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)

MARK MAZZANTI

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

FILED  
17 DEC -16 PM 12:06  
CLERK OF STATE  
TALLAHASSEE, FLORIDA