## P9600012859

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## **COVER LETTER**

TO: Amendment Section

Tallahassee, FL 32314

**Division of Corporations** SUBJECT: DISSOLUTION OF THE BASKET EMPORIUM, INC. DOCUMENT NUMBER: P96000072859 The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: IRELA DIAZ (Name of Contact Person) THE BASKET EMPORIUM, INC. (Firm/Company) 5130 SW 5TH TERRACE (Address) MIAMI, FL 33135 (City/State and Zip Code) For further information concerning this matter, please call: at ( 305 IRELA DIAZ (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: ✓\$35 Filing Fee —\$43.75 Filing Fee & —\$43.75 Filing Fee & —\$52.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (Additional copy is Certified Copy (Additional copy is enclosed) enclosed) STREET ADDRESS: MAILING ADDRESS: Amendment Section Amendment Section **Division of Corporations** Division of Corporations Clifton Building P.O. Box 6327 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:  THE BASKET EMPORIUM, INC.
SECOND:	The document number of the corporation (if known): P96000072859
THIRD:	The date dissolution was authorized: 12/31/08
	Effective date of dissolution if applicable: (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)
	F STATE FLORIDA
	(By a director, president or other officer - indirectors 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)
	IRELA DIAZ
	(Typed or printed name of person signing)
	PRESIDENT
	· (Title of person signing)

Filing Fee: \$35