## P97000046163

| (Re                     | equestor's Name)   |             |
|-------------------------|--------------------|-------------|
| (Ac                     | idress)            |             |
| (Ac                     | idress)            |             |
| (Ci                     | ty/State/Zip/Phone | e #)        |
| PICK-UP                 | ☐ WAIT             | MAIL        |
| (Ви                     | ısiness Entity Nar | me)         |
| (Do                     | ocument Number)    |             |
| Certified Copies        | Certificates       | s of Status |
| Special Instructions to | Filing Officer:    |             |
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## **COVER LETTER**

| TO: Amendment Section Division of Corporations   |    |
|--|----|
| SUBJECT: MSM USA INC   |    |
| DOCUMENT NUMBER: P 97000046163   |    |
| The enclosed Articles of Dissolution and fee are submitted for filing.   |    |
| Please return all correspondence concerning this matter to the following:  |    |
| STEFANO COCCIA   | تت |
| (Name of Contact Person)   | 1  |
| (Name of Contact Person)  MSM USA, INC.  (Firm/Company)  |    |
| (Firm/Company)   | -  |
| 15 SUNSHINE BLVD   |    |
| (Address) بب   |    |
| ORMOND BEACH, FL 32174 3   |    |
| (City/State and Zip Code)  |    |
| For further information concerning this matter, please call:   |    |
| NORBERT J. ZARB CPA at ( 386- 7.95-06/2  |    |
| (Name of Contact Person) (Area Code) (Daytime Telephone Number)  | ,  |
| Enclosed is a check for the following amount:  |    |
| □ \$35 Filing Fee  Certificate of Status  Certificate of Status  Certified Copy (Additional copy is enclosed)  □ \$43.75 Filing Fee & □ \$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:   |  |
|---|--|--|
|   | MSM USA, INC   |  |
| SECOND:                                   | •  |  |
| THIRD:                                    | The date dissolution was authorized: 12/3/ /2016   |  |
|   | Effective date of dissolution if applicable:  (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:   |  |
|   | to vote separately on the plan to dissolve:  The number of votes cast for dissolution was sufficient for approval by   |  |
|   | (voting group)   |  |
|   | Signature: Signature:  |  |
|   | (By a director, president or other of the r - 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) |  |
|   | STEFANO COCCIA   |  |
| (Typed or printed name of person signing) |  |  |
|   | PRESIDENT  |  |
|   | (Title of person signing)  |  |