

198000034715

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

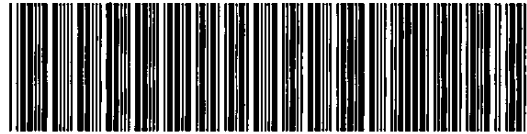
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/25/06--01030--003 **35.00

FILED
06 SEP 25 AM 11:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA

5/10

BASIC ACCOUNTING SERVICES INC.

Requestor's Name

692 W. 29 St. Ste #9

Address

Hialeah

Florida

33012

City

State

Zip

305 887 4185

Phone#

CORPORATION NAME

MASCINA Paperhanging & Painting Corp

() PROFIT CORPORATION

() NON PROFIT CORPORATION

() LIMITED PARTNERSHIP

() ANNUAL REPORT

() RESERVATION

() REINSTATEMENT

(X) OTHER

Dissolution

() CERTIFIED COPY

() PHOTO COPIES

() CERTIFICATE
UNDER SEAL

() WALK IN

() WILL WAIT

() MAIL OUT

() CALL

() AFTER 30

Name

Availability

Document

Examiner

Updater

Updater

Verifier

Acknowledgment

W.P. Verifier

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:

MASCINA PAPERHANGING & PAINTING CORP.

SECOND: The document number of the corporation (if known): P 98000034715

THIRD: The date dissolution was authorized: 09-22-06

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)

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)

CLAUDIO MASCINA

(Typed or printed name of person signing)

DIRECTOR/PRESIDENT

(Title of person signing)

FILED
06 SEP 25 AM 11:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA