

P98000079973

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

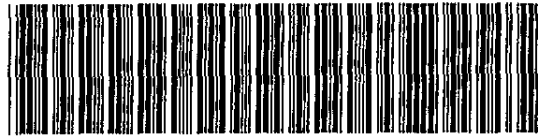
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



200054901052

05/23/05--01070--008 \*\*52.50

EFFECTIVE DATE  
5-23-05

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 MAY 23 PM 3:05

Volun. Diss.

W / Notice

06/03/05

DC

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Portifino Apartments, Inc.

**DOCUMENT NUMBER:** P98000079973

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

Please return all correspondence concerning this matter to the following:

Gabriel W. Falbo, Esq.

(Name of Person)

Gabriel W. Falbo, Attorney-at-Law

(Name of Firm/Company)

14609 Village Glen Circle

(Address)

Tampa, Florida 33618

(City/State/and Zip Code)

For further information concerning this matter, please call:

Gabriel W. Falbo, Esq. at ( 813 ) 334-7398

(Name of Person)

(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, Florida 32314

**STREET ADDRESS:**

Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

## 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:

**PORTOFINO APARTMENTS, INC.**

SECOND: The document number of the corporation (if known): P98000079973

THIRD: The date dissolution was authorized: May 1, 2005

Effective date of dissolution if applicable: May 25, 2005

(no more than 90 days after dissolution file date)

EFFECTIVE DATE  
5-25-05

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 of 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

all shares owned by Don ald C. Hughes

(voting group)

Signed this 24th day of May, 2005.

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)

Donald C Hughes

(Typed or printed name of person signing)

President, sole Director and sole shareholder

(Title of person signing)

Filing Fee: \$35

FILED  
05 MAY 23 PM 3:05  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

## Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "*Notice of Corporate Dissolution*" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: **Portofino Apartments, Inc.**

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the *Articles of Dissolution*.

Description of information that must be included in a claim:

The amount, nature and description of the claim and the date it was incurred as well the name, address  
telephone number of the individual or organization to whom the claim is owed.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Gabriel W. Falbo, Esq.

14609 Village Glen Circle

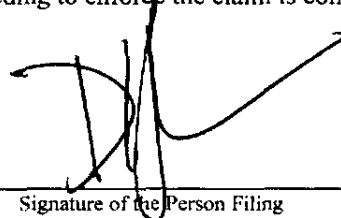
Tampa, Florida 33618

\_\_\_\_\_

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Donald C. Hughes

Printed Name of the Person Filing

  
\_\_\_\_\_

Signature of the Person Filing

**Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00**