P98000104858

(Re	equestor's Name)
(Ad	idress)
(Ad	ddress)
(Cit	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
	Office Use Only



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JUL 27 2018 · ····C/YA/A

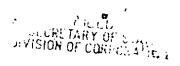
COVER LETTER

TO: Amendment Section Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327



2818 JUL 25 AM 11: 61

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

SUBJECT: DISSOLUTION OF FLORIDA FO	DR-PROFIT CORPORATION	
DOCUMENT NUMBER: P98000104858		
The enclosed Articles of Dissolution and	fee are submitted for filin	g.
Please return all correspondence concernir	ng this matter to the follow	ving:
FRANK DEL VECCHIO		
(Name of	Contact Person)	<u> </u>
BALLOON BOUQUETS, INC.		
(Fir	m/Company)	
301 OCEAN DRIVE #604		
(1)	Address)	
MIAMI BEACH, FL 33139		
(City/Sta	ate and Zip Code)	
For further information concerning this ma	atter, please call:	
FRANK DEL VECCHIO	at ((305) 672-2486	
(Name of Contact Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount	unt;	
■ \$35 Filing Fee U \$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		EET ADDRESS:

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: BALLOON BOUQUETS, INC.		
SECOND:	The document number of the corporation (if known):		
THIRD:	The date dissolution was authorized: June 30, 2018		
	Effective date of dissolution if applicable: June 30, 2018		
	(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)		
	FRANK DEL VECCHIO		
	(Typed or printed name of person signing)		
	CLERK/SECRETARY		
	(Title of person signing)		

Filing Fee: \$35

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: BALLOON BOUQUETS, 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: INCLUDE COMPLETE INFORMATION AS TO THE AMOUNT DATE AND BASIS OF THE CLAIM. Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) FRANK DEL VECCHIO, 301 OCEAN DRIVE #604, MIAMI BEACH, FL 33139 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. FRANK DEL VECCHIO Printed Name of the Person Filing