

✓ 45730

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

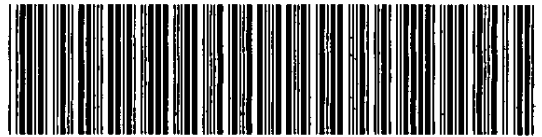
(Business Entity Name)

(Document Number)

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

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TALLAHASSEE, FLORIDA

Dis. / notice  
8/12

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Studin & Assoc. Inc.

**DOCUMENT NUMBER:** V45730

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

Please return all correspondence concerning this matter to the following:

Louis Goldberg

(Name of Contact Person)

(Firm/Company)

18031 Biscayne, Blvd. Builder 3-S, #1903

(Address)

Aventura, FL 33160

(City/State and Zip Code)

For further information concerning this matter, please call:

Adam Goldberg at ( 954 ) 249-2178

(Name of Contact 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, 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:

Studin & Assoc. Inc.

SECOND: The document number of the corporation (if known): V45730

THIRD: The date dissolution was authorize: June 27, 2008

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

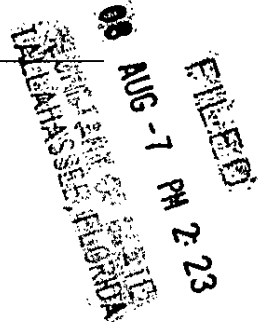
*Louis Goldberg*

Louis Goldberg

(Typed or printed name of person signing)

Director/President

(Title of person signing)



## 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: Studin & Assoc. Inc.

Date of dissolution will be the date of 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:

Please state the basis of the claim, the date the claim accrued, and attach all supporting documents to the claim.

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

Louis Goldberg, 18031 Biscayne Blvd., Building 3-S, #1903,  
Aventura, FL 33160

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.

Louis Goldberg  
Printed Name of the Person Filing

  
Signature of the Person Filing