

P14000082455

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

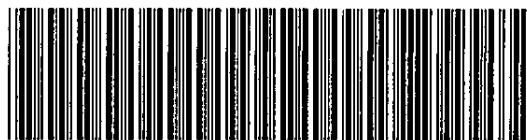
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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12/01/14--01043--021 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 DEC - 1 PM 1:08

C.L.
12-9-14

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CALA'S GROUP AND ASSOCIATES, INC

DOCUMENT NUMBER: P14000082455

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

Please return all correspondence concerning this matter to the following:

ELIOT TUYA

(Name of Contact Person)

CALA'S GROUP AND ASSOCIATES, INC

(Firm/Company)

17020 NW 82ND AVE

(Address)

HIALEAH, FL 33015

(City/State and Zip Code)

For further information concerning this matter, please call:

ELIOT TUYA

(Name of Contact Person)

at (**786**) **459-8215**

(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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

14 DEC -1 PM 1:08

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, 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:

CALA'S GROUP AND ASSOCIATES, INC.

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

P14000082455

THIRD: The file date of the articles of incorporation:

10-07-2014

FOURTH: (CHECK AT LEAST ONE BOX)

None of the corporation's shares have been issued.

The corporation has not commenced business.

FIFTH: No debt of the corporation remains unpaid.

SIXTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.

SEVENTH: Adoption of Dissolution (CHECK ONE)

A majority of the incorporators authorized the dissolution.

A majority of the directors authorized the dissolution.

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.)

ELIOT TUYA

(Typed or printed name of person signing)

PRESIDENT

(Title of Person Signing)

Filing Fee: \$35

Notice of Corporate Dissolution

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

14 DEC -1 PM 1:08

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: CALA'S GROUP AND ASSOCIATES,

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:

NO OPERATIONS REALIZED

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

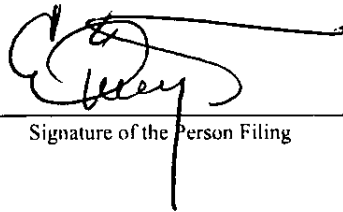
17020 NW 82 AVE

HIALEAH, FL 33015

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.

ELIOT TAYA

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