

PD9000086417

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

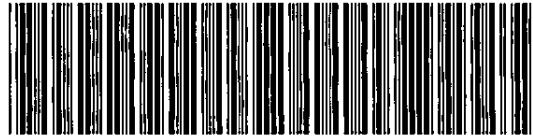
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 DEC 23 PM 1:31

Amendment
(1a) 12/30/13

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of a corporation (IAMBE)

DOCUMENT NUMBER: PO9 000086417

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

Please return all correspondence concerning this matter to the following:

Kathleen Gunn

(Name of Contact Person)

lambe, Inc.

(Firm/Company)

432 East State Street

(Address)

Long Beach, NY 11561

(City/State and Zip Code)

For further information concerning this matter, please call:

Kathleen Gunn

(Name of Contact Person)

at (**718**) **753-5357**

(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

RECEIVED

13 DEC 23 AM 8:16

STATE
CORPORATIONS
FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 6, 2013

KATHLEEN GUNN
IAMBE, INC.
432 EAST STATE STREET
LONG BEACH, FL 11561

SUBJECT: IAMBE, INC.
Ref. Number: P09000086417

We have received your document for IAMBE, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the date the dissolution was authorized.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 013A00027885

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:
lambe., Inc.

SECOND: The document number of the corporation (if known): 7090000086417

THIRD: The date dissolution was authorized: 11/1/13 (b)

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: Kathleen Gunn

(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)

Kathleen Gunn

(Typed or printed name of person signing)

President, CEO

(Title of person signing)

Filing Fee: \$35

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