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(Re	equestor's Name)	
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(Ci	ty/State/Zip/Phone	e #î
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SECRETARY OF THE

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COVER LETTER

TO: Amendment Section

Division of Corpo	rations		
SUBJECT: ARCH DE	CO, COF	₹P.	
DOCUMENT NUMBER:	P020000	20076	
The enclosed Articles of Dis	solution and t	fee are submitted for	or filing.
Please return all corresponde	ence concernin	g this matter to the	following:
MONICA B. FLEIS			
	(Name of	Contact Person)	` .
ARCH DECO, CO	RP.		
(Firm/Company)			
3625 N COUNTRY	CLUB D	R APT 2102	
	(A	ddress)	м.
AVENTURA	FL		33180
	(City/Sta	ite and Zip Code)	
For further information conc	erning this ma	tter, please call:	
			733-0472
(Name of Contact	Person)	(Area C	Code & Daytime Telephone Number)
Enclosed is a check for the f	ollowing amor	ınt:	
▼\$35 Filing Fee \$43.75 Certific	Filing Fee & ate of Status	\$43.75 Filing for Certified Copy (Additional copercolosed)	Certificate of Status &
MAILING ADDRESS Amendment Section Division of Corporate P.O. Box 6327 Tallahassee, FL 323	ions		STREET ADDRESS: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Mark # 2651 \$ 350

ARTICLES OF DISSOLUTION

Pursuant to sections 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

Tollowing diffusion of dissolution.	
P02000020076 FIRST: The name of the corporation is: ARCH DE CO, CORP.	
SECOND: The date dissolution was authorized: : 12/31/2011	
THIRD: Adoption of Dissolution (Check One)	
Dissolution was approved by the shareholders. The number of votes dissolution was sufficient for approval.	cast for
☐ Dissolution was approved by vote of the shareholders through voting	groups.
The following statement must be separately provided for each voting grovote separately on the plan to dissolve	up entilled to
The number of votes cast for dissolution was sufficient for approv	al by
(voting group)	SECRETAR TALL MIASS
Signed this 16 day of FEBRUARY 2012	· · · · · · · · · · · · · · · · · · ·

OR

Signature_

(By the Chairman or Vice Chairman of the Board, President, or other officer)

MONICA B. FLEISMAN
Name
DIRECTOR
Title