P05000127399

(Re	equestor's Name)		
(Ac	ddress)		
(Ac	ldress)		
, (Ci	ty/State/Zip/Phon	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	ısiness Entity Nar	ne)	
(Document Number)			
Certified Copies	Certificates	s of Status	
Special Instructions to	Filing Officer:		





000150270220

04/16/09--01013--022 **35.00

09 APR 16 AMII: 11

SECRETARY OF STATE
DIVISION OF CORPORATIONS

AHD135 My 4. M. D9

COVER LETTER

TO: Amendment Section

Tallahassee, FL 32314

SUBJECT: CORPORATE DISSOLUTION OF ASTURES CORPORATION DOCUMENT NUMBER: POS ODO 12.7399 The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: LUCIA MARIA MAURO (Name of Contact Person) ASTURES CORPORATION) (Firm/Company) P.O. BOX 012362 (Address) MIRANI, FLORIDA 33[0] (City/State and Zip Code) For further information concerning this matter, please call: LUCIA MARIA MAURO (Name of Contact Person) Enclosed is a check for the following amount: 2(\$35 Filing Fee \$43.75 Filing Fee & \$43.75 Filing Fee & \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed) (Additional copy is enclosed)	Division of Corporations		
The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: LUCIA MARIA MAURO (Name of Contact Person) ASTURES CURPORMITION) (Firm/Company) P. O. BOX 012362 (Address) MIPANI, FLORIDA 33(0) (City/State and Zip Code) For further information concerning this matter, please call: LUCIA MARIA MAURO at (786) 376-7772 (Name of Contact Person) Enclosed is a check for the following amount: 2(\$35 Filing Fee \$ \$43.75 Filing Fee & Certificat Copy (Additional copy is enclosed) (Additional copy is	SUBJECT: CORPORATE DISSOLUTION OF ASTURES CORPORATION		
Please return all correspondence concerning this matter to the following: LUCIA MARIA MARIO (Name of Contact Person) ASTURES CURPORMIDA) (Firm/Company) P.O. BOX 012362 (Address) MIPANI, FLORIDA 33[0] (City/State and Zip Code) For further information concerning this matter, please call: LUCIA MARIA MAURO at (786) 376-7772 (Name of Contact Person) Enclosed is a check for the following amount: 2(\$35 Filing Fee \$ \$43.75 Filing Fee & \$43.75 Filing Fee & \$52.50 Filing Fee, Certified Copy (Additional copy is enclosed) (Additional copy is	DOCUMENT NUMBER: <u>P05 000 12 73 99</u>		
(Name of Contact Person) ASTURES CURPORATION) (Firm/Company) P.O. BOX 012362 (Address) MIPMI, FLORIDA 33[0] (City/State and Zip Code) For further information concerning this matter, please call: LUCIA MARIA MAURO at (786) 376-7772 (Name of Contact Person) Enclosed is a check for the following amount: M\$35 Filing Fee \$ \$43.75 Filing Fee & \$43.75 Filing Fee & \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed) (Additional copy is (Additional copy is enclosed)	The enclosed Articles of Dissolution and fee are submitted for filing.		
(Name of Contact Person) ASTURES CURPORMIDA) (Firm/Company) P.O. BOX 012362 (Address) MIPMI, FLORIDA 33[0] (City/State and Zip Code) For further information concerning this matter, please call: LUCIA MARIA MAURO at (786) 376-7772 (Name of Contact Person) Enclosed is a check for the following amount: M\$35 Filing Fee \$ \$43.75 Filing Fee & \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed) (Additional copy is enclosed)	Please return all correspondence concerning this matter to the following:		
(Firm/Company) P.O. Box 012362 (Address) MIRAMI, FLORIDA 33101 (City/State and Zip Code) For further information concerning this matter, please call: LUCIA MARIA MARIA MARIA (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: M\$35 Filing Fee \$ \$43.75 Filing Fee & Certificate of Status & Certificate of Status & Certificate Copy (Additional copy is enclosed) (Additional copy is			
(Address) MIRMI, FLORIDA 33101 (City/State and Zip Code) For further information concerning this matter, please call: LUCIA MARIA MARIA MARIA (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: M\$35 Filing Fee \$ \$43.75 Filing Fee & Certificate of Status & Certificate of Status & Certificate of Status & Certified Copy (Additional copy is enclosed) (Additional copy is	ASTURES CURPORATION)		
(Address) MIRMI, FLORIDA 33101 (City/State and Zip Code) For further information concerning this matter, please call: LUCIA MARIA MAURO at (786) 376-7772 (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: 2(\$35 Filing Fee \$ \$43.75 Filing Fee & Certificate of Status Certified Copy (Additional copy is enclosed) (Additional copy is (Additional copy is enclosed)	(Firm/Company)		
City/State and Zip Code			
(City/State and Zip Code) For further information concerning this matter, please call: LUCIA MARIA MAURO at (786) 376-7772 (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: 2(\$35 Filing Fee \$ \$43.75 Filing Fee & \$43.75 Filing Fee & \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed) (Additional copy is	(Address)		
For further information concerning this matter, please call: LUCIA MARIA MAURO at (786) 376-7772 (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: D(\$35 Filing Fee \$ \$43.75 Filing Fee & \$52.50 Filing Fee, Certificate of Status (Additional copy is enclosed) (Additional copy is			
LUCIA MARIA MAURO at (786) 376-7772 (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: M \$35 Filing Fee	(City/State and Zip Code)		
(Name of Contact Person) Enclosed is a check for the following amount: **S35 Filing Fee**	For further information concerning this matter, please call:		
(Name of Contact Person) Enclosed is a check for the following amount: **S35 Filing Fee**			
(Name of Contact Person) Enclosed is a check for the following amount: **S35 Filing Fee**	LUCIA MARIA MAURO at (786) 376-7772		
\$\text{\$\sum_{\text{\$\subset}}\$\$ \$\sum_{\text{\$\subset}}\$\$\$ \$\sum_{\text{\$\subset\$}}\$\$\$\$ \$\sum_{\text{\$\subset\$}}\$	(Name of Contact Person) (Area Code & Daytime Telephone Number)		
Certificate of Status Certified Copy Certificate of Status & (Additional copy is Certified Copy enclosed) (Additional copy is	Enclosed is a check for the following amount:		
,	Certificate of Status Certified Copy Certificate of Status & (Additional copy is Certified Copy enclosed) (Additional copy is		
MAILING ADDRESS: STREET ADDRESS:			
Amendment Section Amendment Section Division of Comparations Division of Comparations			
Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building			

2661 Executive Center Circle

Tallahassee, FL 32301

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:	
	ASTURES CORPORATION	
SECOND:	The document number of the corporation (if known): P05000 127 399	
THIRD:	The file date the articles of incorporation: $09/15/2005$	
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.	という
SIXTH:	The corporation has not commenced business. No debt of the corporation remains unpaid. The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.	いっていってい
SEVENTH:	•	,
	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.)

(Typed or printed name of person signing)

PRESIDENT (Title of Person Similar)

Filing Fee: \$35