## P05000156288

| (R                      | Requestor's Name)       |   |
|-------------------------|-------------------------|---|
| (A                      | ddress)                 |   |
| (A                      | address)                |   |
| (C                      | City/State/Zip/Phone #) |   |
| PICK-UP                 | WAIT MAIL               |   |
| (B                      | dusiness Entity Name)   |   |
| (D                      | ocument Number)         |   |
| Certified Copies        | Certificates of Status  | _ |
| Special Instructions to | Filing Officer:         |   |
|                         | ·                       |   |
|                         |                         |   |
|                         |                         |   |
|                         |                         | ╝ |

Office Use Only



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12/14/70-1006-004 \*\*35.00

SEGRÉTARY OF STATE TALLAHASSEE, FLORIDA

DIO DEC IL PA I:

Diss. w/Notice

TB DEC 16 2010

## **COVER LETTER**

TO: Amendment Section

| Division of Corporations  |  |
|---|--|
| SUBJECT: Termination of cor   | ρ.   |
| DOCUMENT NUMBER: P0500  | 0126388  |
| The enclosed Articles of Dissolution and fee are submit   | tted for filing.   |
| Please return all correspondence concerning this matter   | to the following:  |
| Name of Contact Person  | )പേ  |
|   |  |
| Ontiverd & Son  | s Inc.   |
| (Firm/Company)  |  |
| 2725 SW11 (Address)   | 9C1.   |
| (Address)   |  |
| Miami, FC 3317<br>(City/State and Zip Co  | 7 \$   |
| (City/State and Zip Co  | ode)   |
| For further information concerning this matter, please ca   | all:   |
| Name of Contact Person) at (3)  | OS) Q75-9705<br>Area Code & Daytime Telephone Number)  |
| Enclosed is a check for the following amount:   |  |
| \$35 Filing Fee \$\bigs\\$43.75 Filing Fee & \$\bigs\\$43.75 Fi  Certificate of Status Certified (Additiona enclosed) | l copy is Certified Copy   |
| 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   | of State:                                 |     |
|---------|---|---|-----|
|         | OUTIVEROM Sons Inc.   |   |     |
| SECOND: | The document number of the corporation (if known): PO 500015  | 56288                                     |     |
| THIRD:  | The date dissolution was authorized: 12 9 10  |   |     |
|         | Effective date of dissolution if applicable: 12 12 10 (no more than 90 days after dissolution   | i file date)                              |     |
| FOURTH: | Adoption of Dissolution (CHECK ONE)   |   |     |
|         | Dissolution was approved by the shareholders. The number of votes cast was sufficient for approval.   | for dissolution                           |     |
|         | Dissolution was approved by the shareholders through voting groups.   |   |     |
|         | The following statement must be separately provided for each voting group e to vote separately on the plan to dissolve:   | entitled                                  |     |
|         | The number of votes cast for dissolution was sufficient for approval by   | ī. 2                                      |     |
|         | Henry Elisontians   | 2010 DEC 14<br>SEGRËTAR<br>ALLAHASS       | 7 = |
|         |   | ų PM 1: 48<br>RY OF STATE<br>SEE, FLORID, |     |
| •       | Signature:  (By a director, president of 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) | (A)                                       |     |
|         | Henry Eilis Ontier<br>(Typed or printed name of person signing)   |   |     |
|         | Usce President (Title of person signing)  |   |     |

Filing Fee: \$35

## **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: OHIVO MOSONS Inc.   |
| 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:   |
| Non.   |
|  |
|  |
| Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)  |
| 2725 Swinct  |
| M'iami, EC 33/75   |
|  |
| 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. |
| Henry Elisontives John   |
| Printed Name of the Person Filing  Printed Name of the Person Filing   |

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00