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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: ARCHI-Project, INC.	
DOCUMENT NUMBER: P06000070251	
The enclosed Articles of Dissolution and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Nora E. ortega (Name of Contact Person)	
•	
(Firm/Company)	
16500 GOLF (LUB ROAD #105	
16500 Golf CLUB ROAD #105 (Address)	
WESTON, FL 33326 (City/State and Zip Code)	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
ANA MORELL at (954) 687-5488 (Name of Contact Person) (Area Code & Daytime Telephone Number)	
(Name of Contact Person) (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	
**S35 Filing Fee ** Certificate of Status Certified Copy (Additional copy is enclosed) **S2.50 Filing Fee, Certified Copy (Additional copy is enclosed) **Certified Copy (Additional copy is enclosed)	
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 STREET ADDRESS: Amendment Section Division of Corporations Clifton Building	

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF DISSOLUTION

Pursuant to	o section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles ion: 174PR 18 AM 8:53 The name of the corporation as currently filed with the Florida Department of State:
FIRST:	JEE, FIOLAIL
	ARCHI-Project, INC.
SECOND:	The document number of the corporation (if known): PO6 0000 70251
THIRD:	The date dissolution was authorized: 5 18 2006
	Effective date of dissolution if applicable: 04/20/07 (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 of 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
	Resident and Secretary, skare Rolders.
	Signature: Odicas Cares (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)
	ADRIANA M GARCES (Typed or printed name of person signing)
	(Typed or printed name of person signing) PRESIDENT (Title of person signing)

Filing Fee: \$35