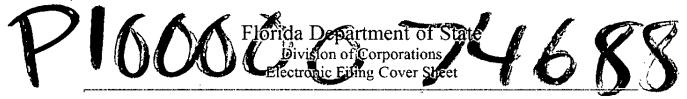
Division of Corporations



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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

# DISSOLUTION OR WITHDRAWAL SMART IDEAS, INC.

Certificate of Status	0
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Page Count	04
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Corporate Filing Menu

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January 25, 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SMART IDEAS, INC. PO BOX 195139 SAN JUAN, PR 00919-5139US

SUBJECT: SMART IDEAS, INC.

REF: P10000074688

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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.

Susan Tallent Regulatory Specialist II FAX Aud. #: H17000021347 Letter Number: 517A00001531

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### COYER LETTER

Please return all correspondence concerning this matter to the following:  Cav los A Offiz García (Name of Contact Person)  Smart IOEMS, Inc. (Firm/Company)  P. O. Box 195139 (Address)  San Juan, PR 00919-5139 (City/State and Zip Code)  For further information concerning this matter, please call:  (Name of Contact Person)  Carlos A Orfiz  (Name of Contact Person)  Carlos A Orfiz  (Name of Contact Person)  Certificate of Status  Certificate of Status  (Additional copy is enclosed)  MAILING ADDRESS:  Annendment Section  Division of Corporations  P.O. Box 6327  Cittle On Corporations  Cittle Building	TO: Amendment Section Division of Corporations
Please return all correspondence concerning this matter to the following:  Cav los A-Offiz-Garcia (Name of Contact Person)  Smart Toens, Inc.  (Firm/Company)  P. D. Box 195139  (Address)  San Juan, PR 00919-5139  (City/State and Zip Code)  Por further information concerning this matter, please call:  (Name of Contact Person)  Carlos A-Orfiz  (Name of Contact Person)  Carlos A-Orfiz  (Name of Contact Person)  Certificate of Status  Certificate of Status  (Additional copy is enclosed)  MAILING ADDRESS: Annendment Section  Division of Corporations  P.O. Box 6327  Citton Building	SUBJECT: Smart Ideas Inc.
Please return all correspondence concerning this matter to the following:  Cay for A-Orfiz Garcia  (Name of Contact Person)  Smart IDEMS, Inc.  (Firm/Company)  P. O. Box 195139  (Address)  San Juan PR 00919-5139  (City/State and Zip Code)  Por further information concerning this matter, please call:  (Name of Contact Person)  Carlos A Orfiz at 797-705-0408  (Name of Contact Person)  (Area Code) (Daytime Telephone Number)  Carlosed is a check for the following amount:  (\$335 Filling Fee \$43.75 Filing Fee \$243.75 Filing Fee Certificate of Status & Certified Copy  (Additional copy is enclosed)  (Additional copy is enclosed)  MAILING ADDRESS:  Amendment Section  Division of Corporations  P.O. Box 6327  Citton Building	DOCUMENT NUMBER:
(Name of Contact Person)  SMART TOPMS, IMC.  (Flrm/Company)  P. O. BOX 195139  (Address)  San Juan, PR 00919-5139.  (City/State and Zip Code)  For further information concerning this matter, please call:  (Name of Contact Person)  (Name of Contact Person)  (Area Code) (Daytime Telephone Number)  (\$335 Filing Fee \$ \$43.75 Filing Fee \$ \$ \$52.50 Filing Fee, Certificate of Status Certified Copy (Additional copy is enclosed)  (Additional copy is certified Copy (Additional copy is enclosed)  (Additional copy is enclosed)  (Additional copy is certified Copy (Additional copy is enclosed)  (Additional copy is certified Copy (Additional copy is enclosed)  (Additional copy is certified Copy (Additional copy is enclosed)  (Additional copy is certified Copy (Additional copy is enclosed)  (Additional copy is certified Copy (Additional copy is enclosed)  MAILING ADDRESS:  Amendment Section  Division of Corporations  P.O. Box 6327	The enclosed Articles of Dissolution and fee are submitted for filing.
Smart IDRAS, Inc.  (Firm/Company)  P. D. BOX 195139  (Address)  San Juan, PR 00919-5139:  (City/State and Zip Code)  Por further information concerning this matter, please call:  (Name of Contact Person)  (Area Code) (Daytime Telephone Number)  Certificate of Status  (Additional copy is enclosed)  (Additional copy is enclosed)  MAILING ADDRESS:  Amendment Section  Division of Corporations  P.O. Box 6327  (Address)  Long 199-5139:  (Address)  Attended 199-5139:  (Area Code) (Daytime Telephone Number)  (Area Code) (Daytime Telephone Number)  (Additional copy is enclosed)	Please return all correspondence concerning this matter to the following:
Smart IDRAS, Inc.  (Firm/Company)  P. D. BOX 195139  (Address)  San Juan, PR 00919-5139:  (City/State and Zip Code)  Por further information concerning this matter, please call:  (Name of Contact Person)  (Area Code) (Daytime Telephone Number)  Certificate of Status  (Additional copy is enclosed)  (Additional copy is enclosed)  MAILING ADDRESS:  Amendment Section  Division of Corporations  P.O. Box 6327  (Address)  Long 199-5139:  (Address)  Attended 199-5139:  (Area Code) (Daytime Telephone Number)  (Area Code) (Daytime Telephone Number)  (Additional copy is enclosed)	Carlos A. Orfiz García
(Firm/Company)  P. O. Box 195139  (Address)  San Juan, PR 00919-5139  (City/State and Zip Code)  For further information concerning this matter, please call:  (Name of Contact Person)  (Name of Contact Person)  (Area Code)  (Name of Contact Person)  (Area Code)  (Area Code)  (Daytime Telephone Number)  Enclosed is a check for the following amount:  (\$335 Filling Fee \$ \$43.75 Filing Fee \$ \$ \$252.50 Filing Fee, Certified Copy (Additional copy is enclosed)  (Additional copy is enclosed)  (Additional copy is enclosed)  MAILING ADDRESS:  Amendment Section  Division of Corporations  P.O. Box 6327  (Address)  TREFT ADDRESS:  Amendment Section  Division of Corporations  Clifton Building	(Name of Contact Person)
(Address)  An Juan, PR 00919-5139  (City/State and Zip Code)  For further information concerning this matter, please call:  (Name of Contact Person)  (Name of Contact Person)  (Area Code)  (Name Telephone Number)  (Area Code)  (Area Code)  (Daytime Telephone Number)  (Additional copy Certificate of Status & Certified Copy (Additional copy is enclosed)	Smart Ipens, Inc.
City/State and Zip Code)  For further information concerning this matter, please call:  Carlos A. Orfiz at (797 - 705 - 0408)  (Name of Contact Person) (Area Code) (Daytime Telephone Number)  Sinclosed is a check for the following amount:  (\$335 Filing Fee \$\Bigcup \$43.75 Filing Fee \& \$\Bigcup \$43.75 Filing Fee \& \$\Certificate of Status & (Additional copy is Certificate of Status & (Additional copy is enclosed)  MAILING ADDRESS:  Annendment Section  Division of Corporations  P.O. Box 6327  Citton Building	
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(City/State and Zip Code)  For further information concerning this matter, please call:  (Car (O) A Orfi 2 at (797 - 705 - 0408)  (Name of Contact Person) (Area Code) (Daytime Telephone Number)  Enclosed is a check for the following amount:  (\$35 Filing Fee \$\Bigcup \$43.75 Filing Fee \& \$\Bigcup \$43.75 Filing Fee \& \$\Bigcup \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is cenclosed)  (Additional copy is cenclosed)  MAILING ADDRESS:  Amendment Section  Division of Corporations  P.O. Box 6327  (City/State and Zip Code)  at (797 - 705 - 0408)  (Area Code) (Daytime Telephone Number)  (Area Code) (Daytime Telephone Number)  (Area Code) (Daytime Telephone Number)  (Additional Copy (Certificate of Status & Certified Copy (Additional copy is enclosed)  (Additional copy is enclosed)	The state of the s
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Sinclosed is a check for the following amount:  \$\int(\frac{1}{2}\	For further information concerning this matter, please call:
Sinclosed is a check for the following amount:  \$\int(\frac{1}{2}\	Carlos A. Ortiz al 787 - 705 - 0408
\$35 Filing Fee	(Name of Contact Person) (Area Code). (Daytime Telephone Number)
Certificate of Status  (Additional copy is Certified Copy (Additional copy is enclosed)  (Additional copy is certified Copy (Additional copy is enclosed)	Enclosed is a check for the following amount:
Amendment Section  Division of Corporations  P.O. Box 6327  Amendment Section  Division of Corporations  Clifton Building	Certificate of Status Certified Copy Certificate of Status & (Additional copy is enclosed) Certified Copy (Additional copy is
Tallahassee, FL 32301	Amendment Section  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314  Amendment Section  Division of Corporations  Clifton Building 2661 Executive Center Circle

#### 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: SECOND: The document number of the corporation (if known) THIRD: The date dissolution was authorized: Effective date of dissolution if applicable: (no more than 90 days after dissolution file date) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of Stute's records. FOURTH: Adoption of Dissolution (CHECK ONE) Dissolution was approved by the shareholders. The number of votes east 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 east for dissolution was sufficient for approval by (voting group) 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, truston, or other court appointed fiduciary, by Direc

(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.

Date of dissolution specified in the Arti	will be the date th cles of Dissolutio	e dissolution is file $n$ ,	d with the Dep	partment of Sta	ite or as	•	
Description of infar	mation that must l	be included in a cla	itn:				•
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A claim against the :		سند مان الله المانية			ام مرانا ممامي	ein to one	
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Carlos	A-Orti	2 Gará	G	Post	A(I)	W,	/Li
	nted Name of the Per		<del></del>	Signature	of the Person	Filing	

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

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