P19000023257

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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: DISSOLUTION
DOCUMENT NUMBER: P1900023257
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
RAYNER AUON (Name of Contact Person) RAYNER ACON INC (Firm/Company)
(Name of Contact Person)
Roynea Acon Inc
3101 Sw 147CT (Address)
· · · · · · · · · · · · · · · · · · ·
HIAMI, FL 33185 (City/State and Zip Code)
For further information concerning this matter, please call:
Ray NER RON at (305) 796-0873 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
Status S
Mailing Address: Amendment Section Street Address: Amendment Section
Amendment Section Amendment Section Division of Corporations Division of Corporations
P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

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:		
	RAYUEL SUON INC		
SECOND:	The document number of the corporation (if known): $\frac{P190000Z32}{201}$ The file date of the articles of incorporation: $\frac{C3/13/201}{201}$	257	
THIRD:	The file date of the articles of incorporation: $63/13/201$	9	
FOURTH:	None of the corporation's shares have been issued.		
FIFTH:	No debt of the corporation remains unpaid.		
SIXTH:	The net assets of the corporation remaining after winding up, if any, have been to the shareholders, if shares were issued.	distributed	
SEVENTH	: A majority of the incorporators or directors authorized the dissolution.		
Sign	(By a director, president or other officer - if directors or officers have not been selected, by an inco	rporator - if	
	in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.) Laguel Low (Typed or printed name of person signing)		
	(Title of Person Signing)		
	Filing Fee: \$35	-7 E: 9:n	
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