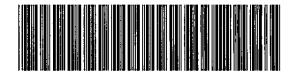
735742

(Re	equestor's Name)					
(Address)						
(Ad	ldress)					
(Cil	ty/State/Zip/Phone	e #)				
PICK-UP	☐ WAIT	MAIL				
(Bu	isiness Entity Nar	ne)				
(Do	ocument Number)					
Certified Copies	_ Certificates	s of Status				
Special Instructions to	Filing Officer:					





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03/19/14--01018--002 **122.50

SECRETARY OF STATE
STATE OF THE PURKTION
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STATE
SECRETARY OF STAT



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 Rick's Cutrate Liquor & Lounge, Inc.	`State:					
SECOND:	The document number of the corporation (if known): P99000081220						
THIRD:	The date dissolution was authorized: 3/11/14						
	Effective date of dissolution <u>if applicable:</u> 3/11/14 (no more than 90 days after dissolution to	file date)					
FOURTH:	Adoption of Dissolution (CHECK ONE)						
	Dissolution was approved by the shareholders. The number of votes cast f was sufficient for approval.	or disso	olution				
	☐ Dissolution was approved by the shareholders through voting groups.						
	The following statement must be separately provided for each voting group ento vote separately on the plan to dissolve:	ntitled					
	The number of votes cast for dissolution was sufficient for approval by	14 MAR	Activities 8038				
	(voting group)	R 19	- 4K				
		AH11:47	HYBUS 16 AN				
	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)						
	President						
	(Typed or printed name of person signing)						
	Marjorie Priest-DiCarlo						
	(Title of person signing)						

Filing Fee: \$35

TRANSMITTAL LETTER

SUBJECT: Amelia Room INC (Name of Corporation)
(ixame of Corporation)
DOCUMENT NUMBER: 73574-2
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Person)
(Name of Firm/Company)
Gob 5 7th Statet
(City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (904) (Area Code & Daytime Telephone Number)

TO:

Amendment Section **Division of Corporations**

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

CR2E044 (05/13)

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

l,	ment L.	Exchis.	, hereby resign a	as VICE.	(Title)
of //	me/is /	Name of Corpora	YC,		
	STA 5 ument Number, if know		ooration organized	under the laws	of the State of
	Tonida		weetive.	March.	31, 2014.

(Signature of resigning officer/director)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 14 MAR 19 AM 11:47