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COVER LETTER

Division of Corporations MUNICIPIO DE MORON EN EXILIO,INC. SUBJECT: **DOCUMENT NUMBER:** The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: GERARDO GONZALEZ (Name of Contact Person) MUNICIPIO DE MORON EN EXILIO, INC. (Firm/Company) P.O. BOX 440622 (Address) MIAMI, FL.33144 (City/State and Zip Code) For further information concerning this matter, please call: GERARDO GONZALEZ (Name of Contact Person) Enclosed is a check for the following amount: □ \$35 Filing Fee ■ \$43.75 Filing Fee & □ \$43.75 Filing Fee & □ \$52.50 Filing Fee, Certificate of Status Certificate of Status & Certified Copy (Additional copy is Certified Copy enclosed) (Additional copy is enclosed)

MAILING ADDRESS:

TO: Amendment Section

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 617.1403, Florida Statutes, this Florida not for profit corporation submits the following

FIRST:	The name of the corporation as currently filed with the Florida Department of State: MUNICIPIO DE MORON EN EXILIO, INC.
SECOND:	The document number of the corporation (if known):
THIRD:	Adoption of Dissolution (COMPLETE SECTION I OR II)
	Adoption of Dissolution (COMPLETE SECTION I OR II) SECTION I If the corporation has members entitled to vote:
	(CHECK/COMPLETE ONE) ■ The date of meeting of members at which the resolution to dissolve was adopted
	The number of votes cast by the members was sufficient for approval.
	The resolution was adopted by written consent of the members and executed in accordance visction 617.0701, Florida Statutes. SECTION II If the corporation has no members or members entitled to vote on the dissolution:
	The corporation has no members or members entitled to vote on the dissolution. The date of adoption of the resolution by the board of directors was
	The number of directors in office was $\frac{6}{}$ and the vote for resolution was $\frac{6}{}$ for and NONE against. (Must be a majority vote)
FOURTH	Effective date of dissolution, <u>if applicable</u> : 12-31-2016
FOURTH	Effective date of dissolution, <u>if applicable</u> : (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 State's records.
FOURTH	(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 State's records. Signature: (By the chairman or vice chairman of the board pesident or other officer- if directors have not been selected, by a
FOURTH	(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 State's records. Signature:
FOURTH	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 State's records. Signature: (By the chairman or vice chairman of the board pesident or other officer- if directors have not been selected, by a incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

Filing Fee: \$35

COVER LETTER

18 OEC 15 PH 1: 40 Division of Corporations MUNICIPIO DE MORON EN EXILIO, INC. **SUBJECT: DOCUMENT NUMBER:** The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: **GERARDO GONZALEZ** (Name of Contact Person) MUNICIPIO DE MORON EN EXILIO, INC. (Firm/Company) P.O. BOX 440622 (Address) MIAMI, FL.33144 (City/State and Zip Code) For further information concerning this matter, please call: GERARDO GONZALEZ (Daytime Telephone Number) (Name of Contact Person) Enclosed is a check for the following amount: □ \$35 Filing Fee ■ \$43.75 Filing Fee & □ \$43.75 Filing Fee & □ \$52.50 Filing Fee, Certificate of Status Certificate of Status & Certified Copy (Additional copy is Certified Copy enclosed) (Additional copy is enclosed)

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TO: Amendment Section

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 617.1403, Florida Statutes, this Florida not for profit corporation submits the following Articles of Dissolution: FIRST: The name of the corporation as currently filed with the Florida Department of State: MUNICIPIO DE MORON EN EXILIO, INC. SECOND: THIRD: Adoption of Dissolution (COMPLETE SECTION I OR II) SECTION I If the corporation has members entitled to vote: (CHECK/COMPLETE ONE) The date of meeting of members at which the resolution to dissolve was adopted 12-10-2016 _. The number of votes cast by the members was sufficient for approval. The resolution was adopted by written consent of the members and executed in accordance with section 617.0701, Florida Statutes. **SECTION II** If the corporation has no members or members entitled to vote on the dissolution: The corporation has no members or members entitled to vote on the dissolution. The date of adoption of the resolution by the board of directors was _____ The number of directors in office was $\frac{6}{2}$ and the vote for resolution was $\frac{6}{2}$ and NONE against. (Must be a majority vote) FOURTH 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 State's records. Signature: (By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary) GERARDO GONZALEZ (Typed or printed name of person signing) TREASURE

Filing Fee: \$35

(Title of person signing)