J54312

(R	equestor's Name)	
(A)	ddress)	
(A	ddress)	
(C	City/State/Zip/Phone #)	
PICK-UP	MAIT	MAIL
(E	Business Entity Name)	
(Document Number)		
Certified Copies	Certificates of	Status
Special Instructions to Filing Officer:		

Office Use Only



000318247820

09/14/18--01023--033 **35.00

ZUIB SEP IL MM 7:5 SECRETARY OF STATE

R. WHITE SEP 18 2018

COVER LETTER

TO: Amendment Section

Division of Corporations		
SUBJECT: Dissolve Mat	clanor, Inc	2
DOCUMENT NUMBER:	3/2	
The enclosed Articles of Dissolution and for	ce are submitted for fi	ling.
Please return all correspondence concerning	g this matter to the fol	lowing:
Nora A	yala Contact Person)	
(Name of the	Contact Person)	
Match	MOr, Inc.	
(Oparis	
207 Wash	naton Ave	
(A)	ddroks)	
Thomas	100 F/ 3V1	(i)
(City/Sta	(ee, F/, 34/ te and Zip Code)	72
For further information concerning this mat	ter, please call:	
Nora Ayala (Name of Contact Person)	at (<u>2-39</u> (Area Code	657-3727 c) (Daytime Telephone Number)
		,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Enclosed is a check for the following amou	nt.	
\$35 Filing Fee \$\Bigci \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee Certified Copy (Additional copy is enclosed)	& □ \$52.50 Filing Fee. Certificate of Status & Certified Copy (Additional copy is enclosed)
MAILING ADDRESS:		REET ADDRESS:
Amendment Section	Amendment Section	
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Circle	

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION D

Pursuant to section 607.1403, Florida Statutes, this Florida profit composition submits the following articles of dissolution:

SECRETARY OF STATE TALLAHASSEE. FL The name of the corporation as currently filed with the Florida Department of State: FIRST: Matelanor, Inc. The document number of the corporation (if known): J5 + 3/2SECOND: The date dissolution was authorized: $\frac{12/31/17}{2}$ THIRD: 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. 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 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 office) - 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)

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.

Name of Corporation:
Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the <i>Articles of Dissolution</i> .
Description of information that must be included in a claim:
Name
Address
Name Address Telephone No. Reason
Reason
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
207 Washington Ave.
207 Washington Ave. Immokalee, Fl. 3414L
A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.
Nora Ayala Mora Ayula Printed Name of the Person Filing Signature of the Person Filing