## K93135

(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:				
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Red	questor's Name)		
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status				
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Δdσ	trees)		
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	· (Auc	11033)		
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status				
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Add	dress)		
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	•			
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status				
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(City	//State/Zip/Phone	e #)	
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status				
(Document Number)  Certified Copies Certificates of Status	PICK-UP	☐ WAIT	MAIL	
(Document Number)  Certified Copies Certificates of Status		<del></del>	<u>—</u>	
(Document Number)  Certified Copies Certificates of Status				
Certified Copies Certificates of Status	(Bus	iness Entity Nar	ne) ·	
Certified Copies Certificates of Status				
Certified Copies Certificates of Status				
	(Doc	cument Number)		
	Certified Conies	Certificates	of Status	
Special Instructions to Filing Officer:	oblanios copico	Certificates of Status		
Special Instructions to Filing Officer:				
Special instructions to Filling Officer.	Special Instructions to E	iling Officer		
	Opecial matructions to t	illing Officer.		
	1			
ı				

Office Use Only



100113220121

الكافاليعود

12/24/07--01019--001 \*\*70.00

FILED
2001 DEC 24 AM 9: 16
SECRETARY OF STATE

Dissolution

2

12-21 17

## **COVER LETTER**

<b>TO:</b> Amendment Section Division of Corporations		
SUBJECT: Articles of Dissolu	itin	
DOCUMENT NUMBER: 1493135		
The enclosed Articles of Dissolution and fee are submitted for	or filing.	
Please return all correspondence concerning this matter to the	e following:	
Maribel Alvarez (Name of Contact Person)		
Alvarez CPA (Firm/Company)		
	1 6 1 146	
8370 W. Flagler Stre	et, Suite 140	
(1144.455)		
Miami, FL 33144 (City/State and Zip Code)		
For further information concerning this matter, please call:		
Name of Contact Person) at (305)	) 233-3523 Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:		
	Fee & \$\sum \\$52.50 \text{ Filing Fee,} \\ Certificate of Status & \\ y is  \text{Certified Copy} \\ (Additional copy is \\ enclosed)	
MAILING ADDRESS:	STREET ADDRESS:	
Antendment Section Division of Corporations	Amendment Section Division of Corporations	
P.O. Box 6327	Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Circle	

Tallahassee, FL 32301

## 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:	
	fete Cuisine Corp.		,
SECOND:	The document number of the corporation (if known): K93135		_
THIRD:	The date dissolution was authorized: 8/31/07		_
	Effective date of dissolution <u>if applicable:</u> (no more than 90 days after dissolution)	on file date)	<del></del>
FOURTH:	Adoption of Dissolution (CHECK ONE)		
	Dissolution was approved by the shareholders. The number of votes cas was sufficient for approval.	t for dissoluti	ion
	Dissolution was approved by the shareholders through voting groups.	•	
	The following statement must be separately provided for each voting group to vote separately on the plan to dissolve:	entitled	
	The number of votes cast for dissolution was sufficient for approval by	INDEC 24 AM 9: 16 SECRETARY OF STATE SECRETARY SEE. FLORIDA	FILE
	(voting group)	SEE.	L
		9: 1 STAT FLOR	
9	Signature:	10m 6	
	(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)		
	Jorge Plana (Typed or printed name of person signing)		
	President (Title of person signing)		
	/ - · · · · · · · · · · · · · · · · · ·		