

L00641

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

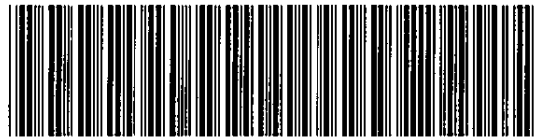
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09 JUL - 8 AM 11:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Miss
C.COULLIETTE

JUL 13 2009

EXAMINER

ABRAHAM FURNITURE CORP.

c/o MIGUEL ABRAHAM
248 W 29th STREET
HIALEAH FL 33012

June 30, 2009

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P O BOX 6198
TALLAHASSEE FL 32314

Dear Sir (Madam):

Please find attached the articles of dissolution of **ABRAHAM FURNITURE CORP.**, and the check for \$35.00 (filing fee). Please execute the articles of dissolution and send the copy back to the address above.

Thank you for your help,


MIGUEL ABRAHAM - President/Director

ARTICLES OF DISSOLUTION
OF
ABRAHAM FURNITURE CORP.

Pursuant to section 607.1403, Florida Statutes, the undersigned corporation submits the following articles of dissolution:

FIRST: The name of the corporation is :

ABRAHAM FURNITURE CORP.

June 30, 2009

SECOND: The date dissolution was authorized: _____

THIRD: Adoption of dissolution (check one)

X

_____ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

_____ Dissolution was approved by vote of the shareholders through voting groups.

(The following statements must be separately provided for each voting group entitled to vote separately on the plan to dissolve)

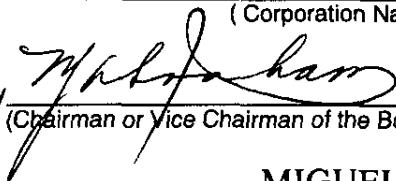
The number of votes cast for dissolution was sufficient for approval by _____ (voting group).

Signed this 30th day of June, 2009

ABRAHAM FURNITURE CORP.

(Corporation Name)

By



(Chairman or Vice Chairman of the Board, President, or other officer)

MIGUEL ABRAHAM

(Type or printed name)

PRESIDENT/DIRECTOR

(Title)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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