418

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SECRETARY OF STAIL SIVISION OF CORPORATION

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COVER LETTER

Division of Corporations					
SUBJECT: DISSO/UTION					
DOCUMENT NUMBER: <u>L 19418</u>					
The enclosed Articles of Dissolution and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
ANTONIO HERNANDEL					
(Name of Contact Person)					
ORA ET LABORA INC (Firm/Company)					
(Firm/Company)					
19030 N.W. 84 Court					
(Address)					
19030 N.W. BY Court (Address) MIAMI Florida 33015 (City/State and Tin Code)					
(City/State and Zip Code)					
For further information concerning this matter, please call:					
(Name of Contact Person) (Name of Contact Person) (Area Code & Daytime Telephone Number)					
Enclosed is a check for the following amount:	-,				
\$35 Filing Fee \$\times \$43.75 Filing Fee \& Certificate of Status \$\times \$Certified Copy (Additional copy is enclosed) \$\times \$43.75 Filing Fee \& Certified Copy (Additional copy is enclosed)					
MAILING ADDRESS: Amendment Section STREET ADDRESS: Amendment Section					
Division of Corporations Division of Corporations					
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle	Clifton Building 2661 Executive Center Circle				
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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:				
	ORA ETLABORA, INC.				
SECOND:	The document number of the corporation (if known): 19418				
THIRD:	The date dissolution was authorized: $D \in C$ 3//20//				
	Effective date of dissolution if applicable: (no more than 90 days after dissolution file date)	***************************************			
FOURTH:	Adoption of Dissolution (CHECK ONE)				
	Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.	olution			
	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 cast for dissolution was sufficient for approval by				
	aph of				
	(voting group)	12	SI SI		
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	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)	PH 2: 28	STATE PORATION		
	ANTONIO HERNANDEZ		स्मि करी क		
	(Typed or printed name of person signing)				
	RESIDENT				
	(Title of person signing)				

Filing Fee: \$35