

L53999

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

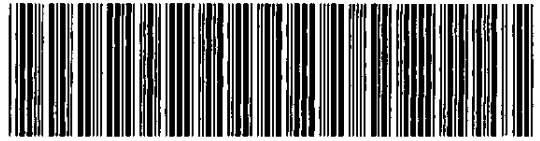
(Business Entity Name)

(Document Number)

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10 MAR 19 PM 12:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Art Diss  
@ 3/19/10

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** AR Paper Distributor, Inc.

**DOCUMENT NUMBER:** L53999

The enclosed *Articles of Revocation of Dissolution* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Maria C. Artime**

Name of Contact Person

**AR Paper Distributor, Inc.**

Firm/Company

**P.O.Box 145150**

Address

**Coral Gables, Fl. 33114-5150**

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Maria Artime** at ( **305** ) **445-9268**  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

\$35 Filing Fee

\$43.75 Filing Fee &  
Certificate of Status

\$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)

\$52.50 Filing Fee,  
Certificate of Status &  
Certified Copy  
(Additional copy is enclosed)

**Mailing Address:**

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 8, 2010

MARIA C. ARTIME  
AR PAPER DISTRIBUTOR, INC.  
P.O. BOX 145150  
CORAL GABLES, FL 33114-5150

SUBJECT: AR PAPER DISTRIBUTOR, INC.  
Ref. Number: L53999

We have received your document for AR PAPER DISTRIBUTOR, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton  
Regulatory Specialist II

Letter Number: 210A00005674

RECEIVED  
2010 MAR 19 AM 8:09  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**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:

AR Paper Distributor, Inc.

SECOND: The document number of the corporation (if known): LS 3999

THIRD: The date dissolution was authorized: May 12, 2009

Effective date of dissolution if applicable: May 31, 2009  
(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.

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

Maria C. Artime, Berta M. Rodriguez  
(voting group)

10 MAR 19 PM 12: 34  
TALLAHASSEE FLORIDA  
SECRETARY OF STATE

Signature: Maria C. Artime  
(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)

Maria C. Artime  
(Typed or printed name of person signing)

VP, T, D  
(Title of person signing)

**Filing Fee: \$35**