## N06000000036

| (Re                                     | questor's Name)    |           |
|---|--------------------|-----------|
| (Ad                                     | dress)             |           |
| (Ad                                     | dress)             |           |
| (Cit                                    | ty/State/Zip/Phone | #)        |
| PICK-UP                                 | ☐ WAIT             | MAIL      |
| (Bu                                     | siness Entity Nam  | e)        |
| (Do                                     | ocument Number)    |           |
| Certified Copies                        | Certificates       | of Status |
| Special Instructions to Filing Officer: |                    |           |
|   |                    |           |
|   |                    |           |
|   |                    |           |





800106877318

08/08/07--01006--014 \*\*35.00

1/2

OT AUG -8 AM ID: 3

TRODOR AUG 15 2007

## COVER LETTER

| TO: Amendment Section Division of Corporations                 |   |  |
|--|---|--|
| SUBJECT: Orticles of   | - dissolution   |  |
| DOCUMENT NUMBER: NO6 000000 236                                |   |  |
| The enclosed Articles of Dissolution and fee                   | are submitted for filing.   |  |
| Please return all correspondence concerning th                 | · · · · · · · · · · · · · · · · · · ·   |  |
| Myriam C   | . Vele Z  |  |
| (Name of C   | Contact Person)   |  |
| 9020 SW  | S370 STreeT   |  |
| Coper  | City F/ 33328   |  |
| / (City/State a  | and Zip Code)   |  |
| For further information concerning this matter.  MXRIAM (/e/e) | n please call:  at (954) 252 722/ (Area Code & DaytimeTelephone Number)   |  |
| (Name of Contact Person)                                       | (Area Code & DaytimeTelephone Number)   |  |
| Enclosed is a check for the following amount:                  |   |  |
| S35 Filing Fee S43.75 Filing Fee & Certificate of Status       | S43.75 Filing Fee & S52.50 Filing Fee, Certified Copy (Additional copy is enclosed)  Certificate of Status & Certified Copy (Additional copy is enclosed) |  |
| MAILING ADDRESS:   | STREET ADDRESS:   |  |
| Amendment Section Division of Corporations                     | Amendment Section Division of Corporations  |  |
| P.O. Box 6327  | Clifton Building  |  |

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

|                                | ARTICLES OF DISSOLUTION  ARTICLES OF DISSOLUTI |
|--------------------------------|--|
| Pursuant to s<br>Articles of D | section 617.1403, Florida Statutes, this Florida not for profit corporation submits the following Dissolution:   |
| FIRST:                         | The name of the corporation as currently filed with the Florida Department of State:  Peace 5007h + 10000, Inc.  |
| SECOND:                        | The document number of the corporation (if known): NO6000000236  |
| THIRD:                         | Adoption of Dissolution (COMPLETE SECTION I OR II)   |
|                                | SECTION I If the corporation has members entitled to vote:   |
|                                | (CHECK/COMPLETE ONE)   |
|                                | The date of the meeting of members at which the resolution to dissolve was adopted   |
|                                | The number of votes cast by the members was sufficient for approval.   |
| j                              | The resolution was adopted by written consent of the members and executed in accordance with section 617.0701, Florida Statutes.   |
|                                | SECTION II If the corporation has no members or members entitled to vote on the dissolution:   |
|                                | The corporation has no members or members entitled to vote on the dissolution.   |
|                                | The date of adoption of the resolution by the board of directors was TUNE 6, 2007  |
|                                | The number of directors in office was and the vote for resolution was  |

\_\_\_\_\_\_\_\_\_for and \_\_\_\_\_\_ against. (must\_be a majority vote)

| FOURTH:                                       | Effective date of dissolution if applicable: immedia lele (no more than 90 days after dissolution file date)                                  |
|---|---|
|   | Signature Upian O.  |
|   | (By the chairman of the board, president or other   |
|   | officer- if directors have not been selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, |
|   | by that fiduciary.)   |
|   | myriam C. Vélez   |
| (Typed or printed name of the person signing) |   |
|   | Chair of Board of Directors   |
|   | (Title of person signing)   |

FILING FEE: \$35