Division of Corporations **Electronic Filing Cover Sheet**

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To:

MAR 26 2015

Division of Corporations

Fax Number : (850) 617-6380

R. WHITE

Account Name : STEPHEN S. MATHISON, P.A.

Account Number : I20040000071

Phone

: (561)624-2001

Fax Number

: (561)624-0036

DISSOLUTION OR WITHDRAWAL CASA BESU, INC.

Certificate of Status	0
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ARTICLES OF DISSOLUTION AND AND ARTICLES

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: CASA BESU, INC.	
SECOND:	The document number of the corporation (if known): N08000003356	
THIRD:	The date dissolution was authorized: 03/16/2015	
	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 dissolutio 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 east for dissolution was sufficient for approval by	
	(voting group)	
ą	(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)	
	WILLIAM CUNNINGHAM	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	

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Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Corpo	poration: CASA BESU, INC.	
Date of dissolu	lution will be the date the dissolution is filed with the Department of State or as the Articles of Dissolution.	
Description of	of information that must be included in a claim:	
		
	•	
Mailing address	ess where claims can be seut: (Claims cannot be sent to the Division of Corporations)	
	8277 SW 128th Street, #211	
	MIAMI, FL 33156	
	ist the above named corporation will be barred unless a proceeding to enforce the claim is a safter the filing of this notice.	commenced
WILLIAM	M CUNNINGHAM W. Gright	
····	Printed Name of the Person Filing Signature of the Person Filing	