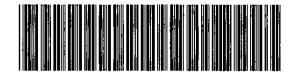
# N13000010740

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT M	AIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status _	
Special Instructions to Filing Officer:	-

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C. LEWIS
FEB 1 0 2014
EXAMINER

### **COVER LETTER**

Division of Corporations SUBJECT: DISSOLUTION OF A CORPORATION **DOCUMENT NUMBER:** The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: VALUES OF THE HEAVEN IN. (Firm/Company) MIAHI, FI 33166 (City/State and Zip Code) For further information concerning this matter, please call: (Area Code) <u>4237.883</u> (Daytime Telephone Number) Enclosed is a check for the following amount: □ \$35 Filing Fee □ \$43.75 Filing Fee & □ \$43.75 Filing Fee & □ \$52.50 Filing Fee,

Certified Copy (Additional copy is

enclosed)

Certificate of Status

## **MAILING ADDRESS:**

TO: Amendment Section

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

Certificate of Status &

(Additional copy is

Certified Copy

enclosed)

# ARTICLES OF DISSOLUTION

Pursuant to section 617.1401, Florida Statutes, this Florida not for profit corporation submits the following Articles of Dissolution:

FIRST:	The name of the corporation as currently filed with the Florida Department of State:
	VALUES OF THE HEAVEN INC.
SECOND:	The document number of the corporation (if known): $N1300001074C$
THIRD:	The file date of the articles of incorporation: $12-06-2013$
FOURTH	The corporation has not commenced to conduct its affairs.
FIFTH:	No debts of the corporation remains unpaid.
SIXTH:	Adoption of Dissolution (CHECK ONE)  (Note: Cannot be authorized by an incorporator if the corporation has directors)  The dissolution was authorized by a majority of the directors:  OR
	The dissolution was authorized by a majority of the directors: OR
	The dissolution was authorized by an incorporator.
	☐ The dissolution was authorized by a majority of the incorporators.
Signa	ature:
	(By the chairman or vice 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)
	(Typed or printed name of person signing)
	(Title of person signing)

Filing Fee: \$35

# 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. 617.1407, F.S. This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution. Name of Corporation: VAIUES OF THE HEAVEN INC. Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution. Description of information that must be included in a claim: THE COPPORATION HAVE BEEN DISSOLUTED BECAUSE OF THE COMPLICATIONS WE'VE HAD TO OPEN BANK ACCOUNTS IN ORDER TO BRING LEGAL AND TRANSPARENT OPERATION Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) MIHHI, FL 33166 A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice. Printed Name of the Person Filing