P00000090414

(Requestor's Name)	
(Address)	
(Address)	_
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	_
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2013 DEC 23 AM 10: WI SECRETARY OF STATE

S. HAWKES
DEC 3 0 2013
EXAMINER

COVER LETTER

TO: Amendment Section

Division of Corporations	
SUBJECT: Mission Palms Inve	estments, Inc.
DOCUMENT NUMBER: P0000009	0414
The enclosed Articles of Dissolution and fee ar	e submitted for filing.
Please return all correspondence concerning this	matter to the following:
Marilyn E. Ruiz	
(Name of Cont	act Person)
The Kislak Organization	
(Firm/Co	mpany)
7900 Miami Lakes Drive V	Vest
(Addres	ss)
Miami Lakes, FL 33016	
(City/State an	d Zip Code)
For further information concerning this matter,	please call:
Marilyn E. Ruiz	at (305) 364-4133
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
Certificate of Status C	43.75 Filing Fee & \$\supersquare\$ \$\\$52.50 Filing Fee, ertified Copy 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

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: Mission Palms Investments, Inc.
SECOND:	The document number of the corporation (if known): P00000090414
ΓHIRD:	The date dissolution was authorized: December 17, 2013
	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.
	☐ 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
	The following statement must be separately provided for each voting group emotled to vote separately on the plan to dissolve: The number of votes cast for dissolution was sufficient for approval by (voting group)
:	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)
	Concepcion Queralt
	(Typed or printed name of person signing)
	Secretary
	(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. 607.1407, F.S.

Printed Name of the Person Filing

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.
Name of Corporation: Mission Palms Investments, Inc.
Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the <i>Articles of Dissolution</i> .
Description of information that must be included in a claim:
Name, amount of claim, source of claim and date claim arouse.
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 7900 Miami Lakes Drive West Miami Lakes, FL 33016
7900 Miami Lakes Drive West
Miami Lakes, FL 33016
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.
Concepcion Queralt. Secretary

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00

Signature of the Person Filing