## P01000011878

| 7722                    | och rector ( Manne) |             |
|-------------------------|---------------------|-------------|
| (Ac                     | idress)             |             |
| (Ac                     | ddress)             |             |
| (Ci                     | ty/State/Zip/Phone  | ⇒ #)        |
| PICK-UP                 | ☐ WAIT              | MAIL        |
| (Bu                     | usiness Entity Nan  | ne)         |
| (Do                     | ocument Number)     | <del></del> |
| Certified Copies        | _ Certificates      | s of Status |
| Special Instructions to | Filing Officer:     |             |
|                         |                     |             |
|                         |                     |             |
|                         |                     |             |
|                         |                     |             |
|                         |                     |             |

Office Use Only



800067294068

03/13/06--01023--001 \*\*35.00

OG MAR 13 AM 10: 37
SECRETARY OF STAIL
ALLAHASSEE, FISTAIL

AU BOSOL

## **COVER LETTER**

| TO: Amendment Section Division of Corporations  |  |  |
|---|--|--|
| SUBJECT: MUMTL FUL  | The second distribution of the second distributi |  |
| DOCUMENT NUMBER: PO1000   | 858110   |  |
| The enclosed Articles of Dissolution and for  | ee are submitted for   | filing.  |
| Please return all correspondence concerning   | g this matter to the f   | ollowing:  |
| Ulusses Feld  | Contact Person)  |  |
| (Name of  | Contact Person)  |  |
| 1 I mun   |  |  |
| (Firm   | n/Company)   |  |
| by India  | 2 Cred D   | J. 142   |
| (A  | ddress)  | - >  |
| Imaria B  |  | 3133   |
| (City/Star  | te and Zip Code)   |  |
| For further information concerning this mat   | ter, please call:  |  |
| (Name of Contact Person)  | at ( <u>95 y</u><br>(Area Co   | de & Daytime Telephone Number)   |
| Enclosed is a check for the following amount  | nt:  |  |
| \$35 Filing Fee \$\Bigcup\$\$43.75 Filing Fee & Certificate of Status                           | \$43.75 Filing Fe<br>Certified Copy<br>(Additional copy<br>enclosed)   | e & \$\sum \\$52.50 \text{ 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 | )<br>1   | ATREET 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:  |
|---------|---|
|         | MUNITUI INC   |
| SECOND: | The document number of the corporation (if known): 20190011878  |
| THIRD:  | The date dissolution was authorized: 12) a8/05  |
|         | 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 of 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 number of votes cast for dissolution was sufficient for approval by   |
|         |   |
|         | (voting group)  |
|         | Signature:  |
|         | (By a director, president of 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) |
|         | (Typed or printed name of person signing)   |
|         | President   |
|         | (Title of person signing)   |

Filing Fee: \$35