Poluxo17912

(Requestor's Name)	
(Address)	700187073757
(City/State/Zip/Phone #)	• • •
PICK-UP WAIT MAIL (Business Entity Name)	10/27/1001008027 **43.75
(Document Number)	
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ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, 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:
	LAND MATIC MEAL ESTATE SOLUTIONS
SECOND:	The file date of the articles of incorporation: (CHECK AT LEAST ONE BOX) The name of the corporation as currently filed with the Florida Department of State. Solutions FOLOGOO 17912 The file date of the articles of incorporation: 2162201 107 12475
THIRD:	The file date of the articles of incorporation: $\frac{2/(6-2\alpha)}{}$
FOURTH:	(CHECK AT LEAST ONE BOX)
	None of the corporation's shares have been issued.
	The corporation has not commenced business.
FIFTH:	No debt of the corporation remains unpaid.
SIXTH:	The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.
SEVENTH:	Adoption of Dissolution (CHECK ONE)
	A majority of the incorporators authorized the dissolution.
	A majority of the directors authorized the dissolution.
Sign	ature: Main Moule. (By a director, president or other officer - if directors or officer's have not been selected, by an incorporator - if

in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

MHUIA MORDE
(Typed or printed name of person signing)

SECRETARY MAT. SHAREHOLDER

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: DISSOLUTION
DOCUMENT NUMBER: PO1000017912
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
MANA MORDER
(Name of Contact Person)
(Name of Contact Person) LAND MAIL
(Firm/Company)
174 Ave ni DA mener le
174 Ave vi DA menende? 57- Avgus, re FL 32084
(City/State and Zip Code)
For further information concerning this matter, please call:
MHCRA MORDEL at (904) 335 0883 (Name of Contact Person) (Area Code & Daytime Telephone Number)
(Name of Contact Person) (Area Code & Daytime Telephone Number)
Englosed is a check for the following amount:
Stiling Fee \$\int_{\text{\$43.75 Filing Fee}} \text{\$\text{\$\sc \$\text{\$\sc \$\text{\$\text{\$\sc \$\text{\$\}\$\$}}}\$}}}}}}}}} \text{\$\text{\$\text{\$\text{\$\text{\$\t

MAILING ADDRESS:

STREET ADDRESS: