

P 01000038066

Requester's Name

Address

City/State/Zip

Phone #

400004561084--3  
-08/29/01--01008--005  
\*\*\*\*\*52.50 \*\*\*\*\*52.50

Dear Sir

Please, send to the following address a certified copy of the dissolution and a certificate of status.

100 Bayview Dr. # 1009  
Sunny Isles- FL- 33160

Thank you.

*Joao Luis Torres*

**FILED**  
01 AUG 28 PM 12:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**NEW FILINGS**

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

*Diss  
9-4-01  
PMS*

**AMENDMENTS**

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

**OTHER FILINGS**

- ☐ Annual Report
- ☐ Fictitious Name

**REGISTRATION/QUALIFICATION**

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

## ARTICLES OF DISSOLUTION

*Pursuant to 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:*

FIRST: The name of the corporation is: SEA PAD INC.

SECOND: The filing date of the articles of incorporation was: 09-12-2001

THIRD: (CHECK ONE)

☒ None of the corporation's shares have been issued.

☐ The corporation has not commenced business.

FOURTH: No debt of the corporation remains unpaid.

FIFTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.

SIXTH: Adoption of Dissolution (CHECK ONE)

☒ A majority of the incorporators authorized the dissolution.

☐ A majority of the directors authorized the dissolution.

Signed this 1st day of August, 2001.

Signature

[Signature]  
(By the chairman or vice chairman of the board, president, or other officer - if there are no officers or directors, by an incorporator.)

João Luiz Torres

(Typed or printed name)

President / I

(Title)

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