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(Re	questor's Name)	
-,	dress)	
•	:y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TO: Amendment Section Division of Corporations	<u>(</u>
SUBJECT: Martinez F	arms, INC.
DOCUMENT NUMBER: PO1000	0057675
The enclosed Articles of Dissolution and fee are su	abmitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Kevin 5. 6/05	steld
	í
Rosenthal Rosenthal (Firm/Compa	Rasco Kaplan, LLC
20900 NE 30K Ave. (Address)	Suite 600
Aventura FC (Address) Aventura FC (City/State and Z	33/80
For further information concerning this matter, plea	
Kuin S. brossfeld at (Name of Contact Person)	(305) 137 - 0300 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
Certificate of Status Certificate (Addi	75 Filing Fee & \$\sum \\$52.50 Filing Fee, fied Copy
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:
	Martinez Farms, INC.
SECOND:	The document number of the corporation (if known): Polooo57675
THIRD:	The date dissolution was authorized: $\frac{6/29/2010}{}$
	Effective date of dissolution if applicable: 6/29/2010 (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
	(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)
	Oolores U. Wartine2 (Typed or printed name of person signing)
	PVPS
	(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. This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution. 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: Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 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.