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TRANSMITTAL LETTER

TO: Amendment Section

Division of Corporations	
SUBJECT: Dissolution of ALPHA BAY, INC.	
DOCUMENT NUMBER:	
The enclosed Articles of Dissolution and fee are submitted	for filing.
Please return all correspondence concerning this matter to the	he following:
Giada Rocca, Esq.	
(Name of Person)	
Salussolia & Associates	. .
(Name of Firm/Company)	
1548 Brickell Avwenue	
(Address)	
Miami, FL., 33129	· · · · · · · · · · · · · · · · · · ·
(City/State/and Zip Cod	de)
For further information concerning this matter, please call:	er e e
Giada Roccaat (305	373-7016
(Name of Person) (Area Co	ode & Daytime Telephone Number)
Enclosed is a check for the following amount:	
□ \$35 Filing Fee □ \$43.75 Filing Fee & □ \$43.75 Filing Certificate of Status Certified Cop (Additional coenclosed)	y Certificate of Status &
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	STREET ADDRESS: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

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 Department of State: ALPHA BAY, INC.			
SECOND:	The document number of the corporation (if known):			
THIRD:	The date dissolution was authorized: 31st, October, 2003	ي د د		
	Effective date of dissolution if applicable: (no more than 90 days after dissolution file date)	e)		
FOURTH:	Adoption of Dissolution (CHECK ONE)			
	Dissolution was approved by the shareholders. The number of votes cast for was sufficient for approval.	dissolution		
	☐ 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	SECRETARY OF S VISION OF CORPOR		
	(voting group)	CORP.		
	Signed this 31th day of October , 2003	STATE ORALIONS		
Signa	ature:	· · · · · · · · · · · · · · · · · · ·		
	(By affrector, president or other officer - if directors or officers have not been selected, by an i ncorpo if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)	rator		
	Xavier Fernandez (Typed or printed name of person signing)	to the state of th		
	Director			
	(Title of person signing)			

Filing Fee: \$35