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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP
(Business Entity Name)
(Document Number)
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SEURETARY OF STATE ALLAHASSEE, FLORIO.

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- PRADA 11-7-11

COVER LETTER

Division of Corporations
SUBJECT: Articles of Dissolution
DOCUMENT NUMBER:
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
(Name of Contact Person)
AOBA Japanese Restaurant, INC (Firm/Company)
Z588 Magure Rol (Address)
Ocoee FL 34761 (City/State and Zip Code)
(City/State and Zip Code) - Mailing Address -
(City/State and Zip Code) - Mai/ing Address - For further information concerning this matter, please call: 2457 Copperhill Loop Ocoee FL 34761
Name of Contact Person) at (407) 654-4743 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$\bigsquare \\$43.75 Filing Fee & \$\bigsquare \\$43.75 Filing Fee & \$\bigsquare \\$52.50 Filing Fee, Certificate of Status & Certificate of Status & Certified Copy (Additional copy is enclosed) \$\bigsquare \\$43.75 Filing Fee & \$\bigsquare \\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
MAILING ADDRESS: Amondment Section Amondment Section
Amendment Section Amendment Section Division of Corporations Division of Corporations
P.O. Box 6327 Clifton Building
Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

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	ARTICLES OF DISSOLUTION	Me 1	Á
Pursuant to of dissolution	section 607.1403, Florida Statutes, this Florida profit corporation submits the on:	following ar	ticles
FIRST:	The name of the corporation as currently filed with the Florida Department	of State:	<i>O</i> *
	AOBA Japanese Restauran	t Ir	C.
SECOND:	The document number of the corporation (if known): Polooo8	io 258	
THIRD:	The date dissolution was authorized: OCT, 16, 2011		
	Effective date of dissolution if applicable: (no more than 90 days after dissolution)	on file date)	
FOURTH:	Adoption of Dissolution (CHECK ONE)		
	Dissolution was approved by the shareholders. The number of votes cas was sufficient for approval.	st for dissolu	ution
	Dissolution was approved by the shareholders through voting groups.		
	The following statement must be separately provided for each voting group to vote separately on the plan to dissolve:	entitled	
	The number of votes cast for dissolution was sufficient for approval by		
	A	2011 N O	· Myr · ·
	(voting group)	V	
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	Corio	, ,	
	Signature: (By a director, president or other officer - if directors or officers have not been selected, by		
	an incorporate - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary	1	
	(Typed or printed name of person signing)		
	Owner - President (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.
Name of Corporation: ADBA Japanese Restaurant, Inc.
Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the <i>Articles of Dissolution</i> .
Description of information that must be included in a claim:
Oct, 16,2011
Out of Lease agreement.
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.
Printed Name of the Person Filing Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00