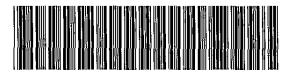
P01000083487

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MA	IL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

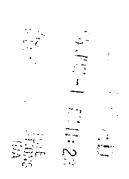
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Requestor's Name 1000 PONCE DE LEON BLVD. SUITE:101 Address CORAL GABLES, FL 33134 (305) 444-4994 City/State/Zip Phone # OFFICE USE ONLY CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): 2. (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) □ Walk in Pick up time Certified Copy ☐ Mail out ☐ Will wait Photocopy Certificate of Status AMENDMENTS **NEW FILINGS** Profit Amendment NonProfit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger OTHER FILNGS REGISTRATION/ QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark

Other

Examiner's Initials

EXPRESS CORPORATE FILING SERVICE INC.

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	s currently filed with th	e Department of Sta	ate:
	BOTANICA YORUBA, INC.			_
SECOND:	ND: The document number of the corporation (if known): P01000083487			
THIRD:	The date dissolution was author	orized: MAY 28, 2004		_
	Effective date of dissolution if	applicable: (no more that	ın 90 days after dissolution	n file date)
FOURTH:	Adoption of Dissolution (CHE	ECK ONE)		
	 Dissolution was approved was sufficient for approval 	-	e number of votes of	ast for dissolution
	☐ Dissolution was approved	by of the shareholders t	hrough voting grou	ps.
	The following statement moves to the plant of the plant o		ded for each voting	group entitled to
	The number of votes cast f	or dissolution was suffi	icient for approval b	у
				AL SE
		(voting group)		- [A][
	Signed this day of	MAY	,2004	ARY ARY
Signa	ture:	2		ED PH 1: 30 OF STATE OF STATE
	(By a director, president or other officif in the hands of a receiver, trustee,	cer - if directors or officers hav or other court appointed fiducia	e not been selected, by an ary, by that fiduciary)	i neorporator
		RIO L. CABRERA		
	(Typed or	printed name of person signing	g)	
		PRESIDENT		
	T)	itle of person signing)		

Filing Fee: \$35