

PO1000084201

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

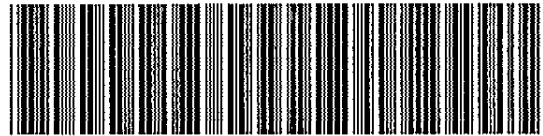
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500023477435

10/16/03--01042--024 **140.00

RECEIVED
03 OCT 16 AM 11:21
DIVISION OF CORPORATION
FILED
03 OCT 16 PM 2:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

G. Ouellette OCT 16 2003

EXPRESS CORPORATE FILING SERVICE INC.

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):

1. ONE WAY, INC.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☒ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input checked="" type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

ARTICLES OF DISSOLUTION

PURSUANT TO SECTION 607.267, FLORIDA STATUTES, THE
UNDERSIGNED CORPORATION SUBMITS THE FOLLOWING ARTICLES
OF DISSOLUTION.

FIRST: THE NAME OF THE CORPORATION IS:

ONE WAY, INC.

(DOCUMENT # P01000084201)

SECOND: THE NAME AND ADDRESS OF THE CURRENT OFFICERS AND
DIRECTORS ARE:

DIRECTOR:

ADRIANA ULIVI M
1844 N NOB HILL RD. 185
PLANTATION, FL 33322

THIRD: ALL DEBTS, OBLIGATIONS AND LIABILITIES OF THE
CORPORATION HAVE BEEN PAID.

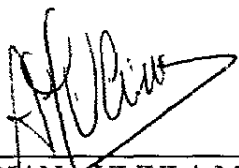
FOURTH: NO PROPERTY REMAINING FOR DISTRIBUTION TO THE
SHAREHOLDERS AFTER APPLYING IT TO THE PAYMENT OF
LIABILITIES AND OBLIGATIONS OF THE CORPORATION.

FIFTH: THERE ARE NOT ACTIONS PENDING AGAINST THE
CORPORATION IN ANY COURT.

SIXTH: THE CORPORATION HAS ELECTED TO DISSOLVE BY ACT OF
THE CORPORATION. A COPY OF THE CORPORATE RESOLUTION
IS ATTACHED. SUCH RESOLUTION WAS ADOPTED BY ALL THE
SHAREHOLDERS OF THE CORPORATION ON OCTOBER 6, 2003.

DATED: OCTOBER 6, 2003

ONE WAY, INC.



ADRIANA ULIVI A M
DIRECTOR INCORPORATOR

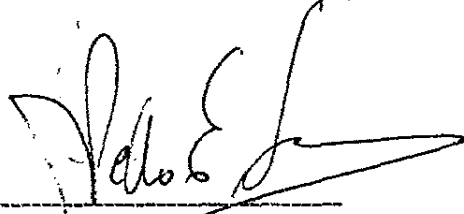
FILED
03 OCT 16 PM 2:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF FLORIDA

COUNTY OF BROWARD

BEFORE ME, THE UNDERSIGNED AUTHORITY, PERSONALLY APPEARED **ADRIANA ULIVI M.** TO ME WELL KNOWN TO BE THE PERSONS WHO EXECUTED THE FOREGOING ARTICLES OF DISSOLUTION AND ACKNOWLEDGED BEFORE ME, ACCORDING TO LAW, THAT **ADRIANA ULIVI M.** MADE AND SUBSCRIBED THE SAME FOR THE PURPOSES THEREIN MENTIONED AND SET FORTH.

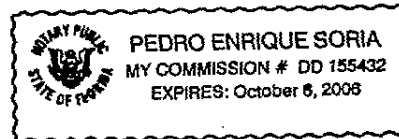
IN WITNESS WHEREOF, I HAVE HEREUNTO SET MY HAND AND SEAL
THIS DATE: OCTOBER 6, 2003.



PEDRO E. SORIA

Notary Public

State of Florida at Large

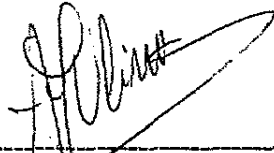


AFFIDAVIT TO DISSOLVE THE ARTICLES OF INCORPORATION
OF
ONE WAY, INC.

BEFORE ME THIS DAY PERSONALLY APPEARED ADRIANA ULIVI M
PRESIDENT AND INCORPORATOR OF ONE WAY, INC. WHO BEING DULY
SWORN, DEPOSES AND SAYS:

THAT ON OCTOBER 6, 2003 SHE SIGNED THE ARTICLES OF
INCORPORATION OF ONE WAY, INC. RECORDED AT THE STATE OF
FLORIDA, DEPARTMENT OF STATE, AND THE DOCUMENT NUMBER IS
P01000084201.

HE HAS AGREED VOLUNTARILY DISSOLUTION OF THE ARTICLES OF
INCORPORATION OF ONE WAY, INC. TO THE BEST OF HIS
ACKNOWLEDGEMENT, HE HAS NO CONSIDERABLE OUTSTANDING DEBTS
TO WARRANT DECLARATION OF BANKRUPTCY. THAT HE SIGNS THIS
DOCUMENT IN GOOD FAITH AND NO PRESSURE FROM ANYONE, BUT ONLY
TO COMPLY WITH LEGAL AND FISCAL REQUIREMENTS IN SUCH CASES.

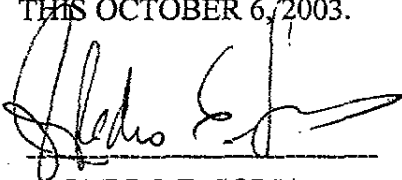


ADRIANA ULIVI A M
DIRECTOR PRESIDENT - SECRETARY

STATE OF FLORIDA
COUNTY OF BROWARD

BEFORE ME, THE UNDERSIGNED AUTHORITY, PERSONALLY APPEARED
ADRIANA ULIVI A M, TO ME WELL KNOWN TO BE THE PERSON WHO
EXECUTED THE FOREGOING ARTICLES OF DISSOLUTION AND
ACKNOWLEDGED BEFORE ME, ACCORDING TO LAW, THAT ADRIANA
ULIVI M, MADE AND SUBSCRIBED THE SAME FOR THE PURPOSES THEREIN
MENTIONED AND SET FORTH.

IN WITNESS WHEREOF, I HAVE HEREUNTO SET MY HAND AND SEAL
THIS OCTOBER 6, 2003.



PEDRO E. SORIA
Notary Public
State of Florida at Large