P01000095822

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



09/11/14--01008--019 **35.00

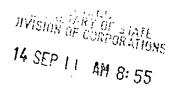
SKING THE CORPORATIONS SINING TO THE CORPORATIONS

Office Use Only

C. Lewis 14

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Dissolution of cosposition
DOCUMENT NUMBER:
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
JOHN MUSSOTO
(Name of Contact Person) (Name of Contact Person) (Firm/Company)
P.O.BOX 670695
Pompano Geach, Fr. 33067
(City/State and Zip Code)
For further information concerning this matter, please call:
Name of Contact Person) at (954) 605-3760 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
S\$35 Filing Fee S\$43.75 Filing Fee & Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)
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

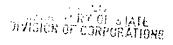
Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST:	The name of the corporation as currently filed with the Florida Department of State: Cool CARRIERS & FLA. Inc
SECOND:	The document number of the corporation (if known): PO1000095826
THIRD:	The date dissolution was authorized: may 14,2014
	Effective date of dissolution if applicable: (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
\$\07\00\00\00\00\00\00\00\00\00\00\00\00\	JOHN MUSSOHO
DATE ON A	J. Raymond Lacy NOTARY PUBLIC - STATE OF NEVADA My Appointment Expires 03/01/2015 MY Appointment Expires 03/01/2015 MY Appointment Expires 03/01/2015
8EFOR	Appointment No. 07-2509-12
	Signature: Am Mussotto
SUBSCRIPTO AND SUBSCRIPTORY AND SUBSCRIP	(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)
	OHN MUS SOTTO (Typed or printed name of person signing)
	President
	(Title of person signing)

Filing Fee: \$35

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Notice of Corporate Dissolution

14 SEP 11 AM 8:55

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. J. Raymond Lacy NOTARY PUBLIC - STATE OF NEVADA My Appointment Expires 03/01/2015 Appointment No. 07-2509-12 Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00

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STATE OF NEVADA

On: May 14 2014

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Signed before me by: