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(Red	uestor's Name)	
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(City	/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
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(Bus	iness Entity Nan	ne)
(Doc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	Iling Officer:	
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Office Use Only



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SECRETARY OF STATE
SECRETARY OF STATE

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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: MOre Coffe	e Inc
DOCUMENT NUMBER: POIO	00109070
The enclosed Articles of Dissolution and fee are su	bmitted for filing.
Please return all correspondence concerning this ma	tter to the following:
Dario	zhauz
(Name of Contact)	Person)
More (DITTER
(Firm/Compa	nny)
7046 Hoo	t Hollow Cr
(Address)	
cloudro	Pl 32837.
(City/State and Zi	p Code)
For further information concerning this matter, plea	se call:
Name of Contact Person) at	(407) 376 29 [] (Area Code & Daytime Telephone Number)
(Time of Contact Torson)	(. Lou cour et Lujumo receptation reminere)
Enclosed is a check for the following amount:	
	ied Copy Certificate of Status & Certified Copy
MAILING ADDRESS:	STREET ADDRESS:
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building 2661 Executive Center Circle
Tallahassee, FL 32314	TOO I TYPOUTIAE COURT OUGH

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, 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:
	More Coffee Inc.
SECOND:	The document number of the corporation (if known): 201000009070
THIRD:	The file date of the articles of incorporation: $11-13-2001$
FOURTH:	(CHECK AT LEAST ONE BOX)
	None of the corporation's shares have been issued.
	The corporation has not commenced business.
FIFTH:	No debt of the corporation remains unpaid.
SIXTH:	No debt of the corporation remains unpaid. The net assets of the corporation remaining after winding up have been distributed by to the shareholders, if shares were issued. Adoption of Dissolution (CHECK ONE)
SEVENTH:	Adoption of Dissolution (CHECK ONE)
	A majority of the incorporators authorized the dissolution.
	A majority of the directors authorized the dissolution.
Sign	ature:
	(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.)
	Dario Alurez
	(Typed or printed name of person signing)
	<u></u>
	(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 Corpora	tion: <u>Ho</u>	12 Co	ffee,	Inc.		
	on will be the date the restriction of Dissolution		filed with the Dep	partment of State or	as	
Description of inf	formation that must	be included in a	claim:			
		100-00-		·		
Mailing address v	vhere claims can be	e sent: (Claims ca	nnot be sent to th	e Division of Corpo	TALLA SECR	2007 J
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-		rlande	PLS	32837	OF STATE, FLORI	W 6: #9
_	STTA	: Doy	NA O	7145		.
	ne above named cor er the filing of this		barred unless a pr	oceeding to enforce	the claim is co	mmenced
Dan	(A Oi	varez		Signature of the	Remon Filing	
	Printed Name of the P	erson rung		Signature of the	reison rining	