

**FILED**  
**Apr 29, 2015**  
**Secretary of State**

## **ARTICLES OF DISSOLUTION**

Pursuant to section 607.1403, Florida Statutes, this Florida corporation submits the following Articles of Dissolution:

- FIRST:** The name of the corporation as currently filed with the Florida Department of State:  
EBRO SERVICES II CORPORATION
- SECOND:** The document number of the corporation: P01000112021
- THIRD:** The date dissolution was authorized: December 31, 2014  
Effective date of dissolution: April 30, 2015
- FOURTH:** Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: JAIMEBERENICE FARFAN PRESIDENT  
Electronic Signature of Signing Officer, Director, Incorporator or Authorized Representative

**FILED**  
**Apr 29, 2015**  
**Secretary of State**

## **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.

Name of Corporation:

EBRO SERVICES II CORPORATION

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:

CLAIMS MUST INCLUDED APPROVED PURCHASE ORDER COPY (OR BINDING CONTRACT), ORIGINAL INVOICES AND DELIVERY NOTES OR DOCUMENTATION THAT PROVES MERCHANDISES OR SERVICES WERE ACTUALLY RECEIVED. INCLUDE YOUR TAX ID WITHIN YOUR FULL CONTACT INFO.

Mailing address where claims can be sent:

7122 SW 158TH PATH  
EBRO SERVICES II CORPORATION  
MIAMI, FL 33193

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.

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: JAIMEBERENICE FARFAN

---

Electronic Signature of the Person Filing