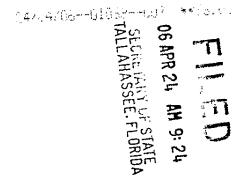
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COVER LETTER

Division of Corporations	
SUBJECT: DEL ALMA A LA PIE	L, INC.
DOCUMENT NUMBER: P02000053	3627
The enclosed Articles of Dissolution and fee a	are submitted for filing.
Please return all correspondence concerning th	is matter to the following:
MARIA T SANTAMAR	
(Name of Cor	NC.
PO BOX 310953 (Addre	ompany)
MIAMI, FL 33231	nd Zip Code)
For further information concerning this matter,	please call:
MARIA T SANTAMARIA (Name of Contact Person)	at (786) 246-5243 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
Certificate of Status (A	\$43.75 Filing Fee & \$\sum \\$52.50 Filing Fee, Certified Copy Certificate of Status & Additional copy is enclosed) (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 607.1401, 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:
	DEL ALMA A LA PIEL, INC.
SECOND:	The document number of the corporation (if known): P02000053627
THIRD:	The file date the articles of incorporation: 05/14/2002
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:	The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.
SEVENTH:	Adoption of Dissolution (CHECK ONE)
	☐ A majority of the incorporators authorized the dissolution.
Sign	A majority of the directors authorized the dissolution. (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.) MARIA T SANTAMARIA (Typed or printed name of person signing)
	PRESIDENT
	(Title of Person Signing)

Filing Fee: \$35