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COVER LETTER

TO: Amendment Section

Division of Corporations SUBJECT: Profit Dissolution Form DOCUMENT NUMBER: P02000057189 EIN#: 04-3706288 The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Giselle Ferreira (Name of Contact Person) Golden Root, INC (Firm/Company) 6755 SW 88 ST #B223 (Address) Miami, FL 33156 (City/State and Zip Code) For further information concerning this matter, please call: at (305) 934-7289 Giselle Ferreira (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed is a check for the following amount: □\$35 Filing Fee ☑\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee. Certificate of Status Certified Copy Certificate of Status & (Additional copy is **Certified Copy** (Additional copy is enclosed) enclosed) **MAILING ADDRESS:** STREET ADDRESS: Amendment Section Amendment Section **Division of Corporations** Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

FIRST:	The name of the corporation as currently filed with the Florida Department of State:
	Golden Root, INC
SECOND:	The document number of the corporation (if known): P02000057189 EIN#: 04-3706288
THIRD:	The file date of the articles of incorporation: 05/23/2002
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.
SĒVENTH:	Adoption of Dissolution (CHECK ONE)
	A majority of the incorporators authorized the dissolution.
	A majority of the directors authorized the dissolution.
Sigri	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.)
	Giselle Ferreira (Typed or printed name of person signing)
	President (Title of Person Signing)

Filing Fee: \$35