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SECKETARY OF STATE
TALLAHASSEE, FLORIDA

10 1-11-11

COVER LETTER

TO: Amendment Section
Division of Corporations
DOCUMENT NUMBER: FILM# 74.3048098 A FL CORP.
DOCUMENT NUMBER: 1250 19. JS 400 10
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
- Francine M. Baccarella - Alvarez
(Name of Contact Person) HBA INVESTURES, INC.
13704 Plainview Rd
OdesSA, FZ 335JZ
(City/State and Zip Code)
For further information concerning this matter, please call:
Trancine B. Alvart 813, 334-7337
J(Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$\Bigcup \\$43.75 Filing Fee & \$\Bigcup \\$43.75 Filing Fee & \$\Bigcup \\$52.50 Filing Fee, Certificate of Status & Certificate of Status & Certified Copy (Additional copy is enclosed) (Additional copy is enclosed)
MAILING ADDRESS.

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: ### The New French Florida Department of State:
SECOND:	The document number of the corporation (if known):
THIRD:	The date dissolution was authorized: 7. 6-1/
	Effective date of dissolution if applicable:
FOURTH:	Adoption of Dissolution (CHECK ONE)
1	Dissolution was approved by the shareholders. The number of votes cast for dissolutio 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
	2014 Named Sharcholder.
	Only Named Sharcholder.
S	Signature:
	(By a director, president or other officer if directors or officers have not been selected, by an incorporator in the hands of a receiver trustee, or other court appointed fiduciary, by that fiduciary)
	Francis B. Alvarez
	(Typed or printed name of person signing)
	(freg. of Durel
•	(Title of newcon 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 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: 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.

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00