## P0200006985

| (Re                     | equestor's Name)   | ·           |
|-------------------------|--------------------|-------------|
| (Ac                     | idress)            |             |
| (Ac                     | idress)            |             |
| (Ci                     | ty/State/Zip/Phone | e #)        |
| PICK-UP                 | ☐ WAIT             | MAIL.       |
| (Bu                     | siness Entity Nar  | ne)         |
| (Document Number)       |                    |             |
| Certified Copies        | _ Certificates     | s of Status |
| Special Instructions to | Filing Officer:    |             |
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## TRANSMITTAL LETTER

| TO: Amendment Section Division of Corporations                                                                                                                                 | PLOTE STATE |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
|                                                                                                                                                                                | (S.S.)      |
| SUBJECT: Afficles of Dissolution                                                                                                                                               | 247         |
| DOCUMENT NUMBER: PO200065985                                                                                                                                                   |             |
| The enclosed Articles of Dissolution and fee are submitted for filing.                                                                                                         |             |
| Please return all correspondence concerning this matter to the following:                                                                                                      |             |
| Anthony Sastre (Name of Person)                                                                                                                                                |             |
| Dictkiller, Inc. (Name of Firm/Company)                                                                                                                                        | -<br>•      |
|                                                                                                                                                                                |             |
| 2610 S.W. 7th Aug. (Address)                                                                                                                                                   |             |
|                                                                                                                                                                                |             |
| Miami, FL 33129<br>(City/State/and Zip Code)                                                                                                                                   | war v       |
| (City/State/and Zip Code)                                                                                                                                                      |             |
| For further information concerning this matter, please call:                                                                                                                   |             |
| Anthony Sastre at (786) 200-7822  (Name of Person) (Area Code & Daytime Telephone N                                                                                            | Jumber)     |
| Enclosed is a check for the following amount:                                                                                                                                  |             |
| □ \$35 Filing Fec □ \$43.75 Filing Fee & Certificate of Status  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional copy enclosed) | atus &      |
| MAILING ADDRESS: Amendment Section  STREET ADDRESS: Amendment Section                                                                                                          |             |

Division of Corporations 409 E. Gaines Street

Tallahassee, Florida 32399

Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314

## 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 Department of State:                                                                                                                                      |   |
|------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|
|            | Dirtkiller Frc.                                                                                                                                                                                                   |   |
| SECOND:    | The document number of the corporation (if known): \$\frac{1}{1000065}985\$                                                                                                                                       | _ |
| THIRD:     | The date dissolution was authorized: March 5, 2004                                                                                                                                                                |   |
|            | Effective date of dissolution if applicable:  (no more than 90 days after dissolution file date)                                                                                                                  |   |
| FOURTH:    | Adoption of Dissolution (CHECK ONE)                                                                                                                                                                               |   |
|            | Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.                                                                                               |   |
|            | Dissolution was approved by of 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                                                                                                                                           |   |
|            | Anthony Systre (voting group)                                                                                                                                                                                     |   |
|            | _                                                                                                                                                                                                                 |   |
|            | Signed this S day of March , 2004                                                                                                                                                                                 |   |
| Signat     |                                                                                                                                                                                                                   |   |
|            | (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) |   |
| = <b>.</b> | Anthony Sastre (Typed or printed name of person signing)                                                                                                                                                          |   |
|            | Owner Mresident.  (Title of person signing)                                                                                                                                                                       | I |
|            | 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: DictKiller, Inc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
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| None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Business was never Started.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
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| Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Anthony Sastre<br>2610 Sw 7th Ave.<br>Miami, FL 33129                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 2610 SW 7th Ave.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Miami, FL 33/29                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| and the second s |
| 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Anthony Sastre Muthou Sastre Printed Name of the Person Filing Signature of the Person Filing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |