## P02000085759

(Requestor's Name)
,
(Address)
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(City/State/Zip/Phone #)
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SECRETARY OF STATE DIVISION OF CORPORATION

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## **COVER LETTER**

. TO: Amendment Section

Division of Corporations
SUBJECT: Notice of Dissolution
DOCUMENT NUMBER: <u>P02000085759</u>
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
TAVIER SOSA (Name of Contact Person)
MAKAKIKI INTERNATIONAL, INC. (Firm/Company)
10721 PINE LOSGE TRAIL (Address)
DAVIE, FL 33328
(City/State and Zip Code)
For further information concerning this matter, please call:
JAVIER SOSA at (954) 854-0117
(Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$\frac{1}{4}\$
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 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:
	MAKAKIKI INTERNATIONAL, INC.
SECOND:	The document number of the corporation (if known): PO200085759
THIRD:	The file date of the articles of incorporation: $08/07/2002$
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.
	A majority of the directors authorized the dissolution.
Sign	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, of other court appointed fiduciary, by that fiduciary.)  [Typed or printed name of person signing]  [Typed or DENT - OWNEY]

Filing Fee: \$35