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DIVISION OF CORPORATIONS
06 FEB 27 PM 1:33

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COVER LETTER

To: Amendment Section
Division of Corporations

SUBJECT: Dissolution of Corporation

DOCUMENT NUMBER: 020000 87160

The enclosed Articles of Dissolution and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARIA GABRIELA GRANE
(Name of Contact Person)

A personal Touch Catering, Inc.
(Firm/Company)

9040 SW 125 Ave # D-305
(Address)

miami, FL 33186
(City/State and Zip Code)

For further information concerning this matter, please call:

Gaby Grane at (305) 273-3734
(Name of Contact Person) (Area Code & Daytime Telephone Number)

The enclosed is a check for the following amount:

☒ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (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 607.1403, 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:

A Personal Touch Catering, Inc.

SECOND: The document number of the corporation (if known): _____

THIRD: The date dissolution was authorized: Feb. 20, 2006

Effective date of dissolution if applicable: Feb. 20, 2006
(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

(voting group)

Signature: _____

(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 Gabriela Grané / Denise Abi-Fadel
(Typed or printed name of person signing)

President / Vice-President
(Title of person signing)

Filing Fee: \$35

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DIVISION OF CORPORATIONS
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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:

A Personal Touch Catering, 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:

NO claims

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

9040 SW 125 AVE

#D-305

Miami, FL 33186

Any claim against the dissolved corporation will be barred unless a proceeding to enforce the claim is commenced within seven months of the filing of this notice.

MARIA GABRIELA GRANE

Printed Name of the Person Filing



Signature of the Person Filing