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(Re	questor's Name)		
(Ad	dress)		
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(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Do	ocument Number)		
Certified Copies	Certificates	s of Status	
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COVER LETTER

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations SUBJECT: DISSOLITION DOCUMENT NUMBER: F 6200005209 The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MENDI MOSH ARSH ARE. (Name of Contact Person) (Firm/Company) (Address) (City/State and Zip Code) For further information concerning this matter, please call: CUBO-254 (PIP) 425-0843 (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed is a check for the following amount: S Filing Fee
 S 43.75 Filing Fee &
 S 43.75 Filing Fee &
 S 52.50 Filing Fee,
 S 52.50 Filin Certificate of Status Certified Copy Certificate of Status & (Additional copy is Certified Copy enclosed) (Additional copy is enclosed) **MAILING ADDRESS:** STREET ADDRESS: Amendment Section Amendment Section **Division of Corporations Division of Corporations** P.O. Box 6327 Clifton Building

2661 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:			
	PALATIAL INVESTMENT INC			
SECOND:	The document number of the corporation (if known): Popos 1	24199		
THIRD:	The file date of the articles of incorporation: $\frac{9/26/2002}{}$			
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.	∓SE 06		
SIXTH:	The net assets of the corporation remaining after winding up have been disto the shareholders, if shares were issued.	SEP 29		
SEVENTH:	Adoption of Dissolution (CHECK ONE)	Y OF SEE. F		
	A majority of the incorporators authorized the dissolution.	2: 43 STATE LORIDI		
	A majority of the directors authorized the dissolution.	Σ ω		
Sign	ature:	·:		
	(By director, president or other officer - if directors or officers have not been selected, by as in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)	incorporator - if		
	MENDI MOSHA ASHAE E (Typed or printed name of person signing)	·		
	PRESIDENT (Title of Person Signing)			

Filing Fee: \$35