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(Ře	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	• #)
PICK-UP	☐ WAIT	MAIL
(Ві	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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02/24/06--01036--007 **43.75



COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: DK ONE CORP
DOCUMENT NUMBER: <u>P02000 108477</u>
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
ARIEL KLEIHAN (Name of Contact Person)
OK ONE CORP. (Firm/Company)
4910 SHERIDAN STREET (Address) Hollywood, FL 33021 (City/State and Zip Code)
Hollywood FL 33021 (City/State and Zin Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (954) 986-8698 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
S35 Filing Fee S43.75 Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee, Certificate of Status Certified Copy (Additional copy is enclosed) 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



April 5, 2006

ARIEL KLEIMAN O.K. ONE, CORP. 4910 SHERIDAN STREET HOLLYWOOD, FL 33021

SUBJECT: O.K. ONE, CORP Ref. Number: P02000108477

We have received your document for O.K. ONE, CORP and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

THE REGISTERED AGENT CAN NOT SIGN THE FORM IT MUST BE SIGNED BY ONE OF THE OTHER OFFICERS.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Letter Number: 906A00023050

Irene Albritton Document Specialist

Division of Corporations - P.O. BOX 6327 Tallahassee Florida 32314



March 3, 2006

ARIEL KLEIMAN O.K. ONE CORP. 4910 SHERIDAN STREET HOLLYWOOD, FL 33021

SUBJECT: O.K. ONE, CORP Ref. Number: P02000108477

We have received your document for O.K. ONE, CORP and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to list the corporate name on the form.

Registered Agent can not sign the form, it must be signed by one of the officers.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Letter Number: 806A00014880

Irene Albritton Document Specialist

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 Florida Department of State:			
	-OK. ONE GORP.			
SECOND:	The document number of the corporation (if known): P02000108477.			
THIRD:	The date dissolution was authorized: 12/31/05			
	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			
	(voting group)			
S	Jeffinon EDUARDO KLEIMAN			
	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)			
	EDUARDO KLEIMAN			
	(Typed or printed name of person signing)			
	(Typed or printed name of person signing) VICE PRESIDENT (Title of person signing) Filing Fee: \$35			
	(Title of person signing)			
	Filing Fee: \$35			