P02000127900

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DIVISION 17 PHI2: 49

COVER LETTER

• TO: Amendment Section **Division of Corporations SUBJECT:** Corporate Dissolution DOCUMENT NUMBER: P02000127900 The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Rafael Rodriguez (Name of Contact Person) Rafi's Auto Repair (Firm/Company) 2265 nw 21 Terrace (Address) Miami, FL. 33142 (City/State and Zip Code) For further information concerning this matter, please call: Rafael Rodriguez (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed is a check for the following amount: Certificate of Status Certificate of Status & Certified Copy (Additional copy is Certified Copy (Additional copy is enclosed) enclosed) STREET ADDRESS: **MAILING ADDRESS: Amendment Section Amendment Section** Division of Corporations **Division of Corporations** Clifton Building. P.O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314

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 Departmen		
	RAFI'S AUTO REPAIR, INC	
SECOND:	The document number of the corporation (if known): P02000127900	
THIRD:	The file date of the articles of incorporation: $12-04-2002$	
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, or other court appointed fiduciary, by that fiduciary.)	
	RAFAEL RODRIGUEZ	
	(Typed or printed name of person signing)	
	OWNER (Title of Person Signing)	
	(Time of Letson editing)	

Filing Fee: \$35