P0300032777

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TRANSMITTAL LETTER

'TO: Amendment Section

Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, Florida 32314

Division of Corporations		
SUBJECT: Dissolution of Sofis Condulary:		
DOCUMENT NUMBER: PO3 COCO32777		
The enclosed Articles of Dissolution and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Lauren Marx - Ascencios (Name of Person)		
_		
Sohi St Con Seell ing (Name of Firm/Company)		
(Address) Mianu F1 33138 (City/State/and Zip Code)		
(Address)		
mianu fl 33138		
(City/State/and Zip Code)		
For further information concerning this matter, please call:		
(Name of Person) at (305) 675 5873 (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:		
□ \$35 Filing Fee □ \$43.75 Filing Fee & □ \$43.75 Filing Fee & □ \$52.50 Filing Fee, Certified Copy Certificate of Status & (Additional copy is enclosed) (Additional copy is enclosed)		
MAILING ADDRESS: STREET ADDRESS:		

Amendment Section

409 E. Gaines Street

Division of Corporations

Tallahassee, Florida 32399

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 Department of State:
SECOND:	The document number of the corporation (if known): \$\\\P0300003\\\\\\\\\\\\\\\\\\\\\\\\\\\\
THIRD:	The date dissolution was authorized: 131 2003
	Effective date of dissolution if applicable: 131 31 1300 3 (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)
	Signed this 28 day of February, 2009.
	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)
	Philippe Scabo (Typed or printed name of person signing)
	(Typed or printed name of person signing) Director (Title of person signing)

Filing Fee: \$35

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. Consollin 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: Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00

Signature of the Person Filing