PO300036091

(Requestor's Name) (Address)	800234736998
(Address)	33323 33333
(City/State/Zip/Phone #) PICK-UP WAIT MAIL	05/10/1201021009 **35.00
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	2012MX 25 PM 12:57

Office Use Only

5 251

check inside A

TO: Amendment Section Division of Corporations
SUBJECT: DISSOLUTION-OF-A-Corporation
DOCUMENT NUMBER:607. 1401
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
IRMA Montes de Oca
(Name of Contact Person)
Solio M. Delivery Corp (Firm/Company)
13123 Sw 26 TERRACE (Address)
MIAMI - Florida - 33175
(City/State and Zip Code)
For further information concerning this matter, please call:
TRMA Montes de Oca at (786) 226-7843 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$\bigsquare \\$43.75 Filing Fee & \$\bigsquare \\$43.75 Filing Fee & \$\bigsquare \\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed) Certified Copy (Additional copy is enclosed)
MAILING ADDRESS: Amendment Section Division of Comparations STREET ADDRESS: Amendment Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



2012 MAY 25 AM 8: 17

FLORIDA DEPARTMENT OF STATE TO A CHARGO THE CONTROL OF STATE OF ST

May 15, 2012

IRMA MONTES DE OCA JULIO M. DELIVERY, CORP. 13123 SW 26 TERRACE MIAMI, FL 33175

SUBJECT: JULIO M. DELIVERY, CORP.

Ref. Number: P03000036091

We have received your document for JULIO M. DELIVERY, CORP. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

If the corporation is a **PROFIT** corporation it must be signed 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.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

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) 245-6050.

Sylvia Gilbert Regulatory Specialist II

Letter Number: 812A00014364

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:
	JULIO M. DELIVERY CORP CORP INCHIBIOYEE ID.
SECOND:	The document number of the corporation (if known): $\frac{9030003609}{55-056248}$ The file date of the articles of incorporation: $\frac{3}{31}2003$
THIRD:	The file date of the articles of incorporation: $\frac{3}{31}2003$
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:	No debt of the corporation remains unpaid. 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.
	•
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.)	
	in the hands of a receiver, trustee, of other court appointed fiduciary, by that fiduciary.)
	(Typed or printed name of person signing) (Typed or printed name of person signing)
	(Typed or printed name of person signing) WIFE FOR SONAL REPRESENTATIVE WIFE FOR SONAL PROPRESENTATIVE Took Sulso Montes de Oce (Title of Person Signing) DECEASED)
	(Title of Person Signing) (DECEA SES)

Filing Fee: \$35