P130008884/		
(Requestor's Name) (Address) (Address)	100152673871	
(City/State/Zip/Phone #)	04/27/0901047005 **35.00	
Certified Copies Certificates of Status	FILED. 09 APR 27 FH 3: 39 SECRETARY OF STATE TALLAHASSEE. FLORID	
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.

COVER LETTER

TO: Amendment Section **Division of Corporations**

MERCY'S INTERNATIONAL COMPANY SUBJECT: 030000 88841 **DOCUMENT NUMBER:**

The enclosed Articles of Dissolution and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

GUSTANO ARDILA		
(Name of Contact Person)		
GUSTAVO ARDILA		
(Firm/Company)		
4310 S. SEMORAN BLUD.		
(Address)		
OR(ANDO; FC; 32822		
(City/State and Zip Code)		

For further information concerning this matter, please call:

GUSTAUD ARDILA at (321) 299-6813

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

X\$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (Additional copy is Certified Copy (Additional copy is enclosed)

MAILING ADDRESS:

Amendment Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

enclosed)

STREET ADDRESS:

Amendment Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

11 4

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: MERCY'S INTERNATIONAL COMPANY		
SECOND:	The document number of the corporation (if known): PO3 0000 88841		
THIRD:	The date dissolution was authorized: $01/30/09$		
	Effective date of dissolution <u>if applicable</u> : 0//30/09 (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 was sufficient for approval.	for dissolution	
	Dissolution was approved by the shareholders through voting groups.		
	The following statement must be separately provided for each voting group of to vote separately on the plan to dissolve:	entitled	
	The number of votes cast for dissolution was sufficient for approval by		
	(voting group) Signature: (By a director, president or other of ficer. 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) TAIME ARDICA (Typed or printed name of person signing)	FILED 09 APR 27 M 3: 39 SECRETARY OF STATE TALLAHASSEE, FLORIDA	

PRESIDEN T

(Title of person signing)

Filing Fee: \$35