Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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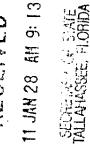
Account Name : JIM SIERRA & ASSOCIATES

Account Number : 110677000356 Phone

: (305)271-7310

Fax Number

: (305)271-4422



DISSOLUTION OR WITHDRAWAL EXPRESITO BOX, INC.

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

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Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

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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 Departmen	it of State):	
	EXPRESITO BOX, INC.	_		
SECOND:	The document number of the corporation (if known): P03000091430	5		
THIRD:	The date dissolution was authorized: 12/31/10			_
	Effective date of dissolution if applicable: 12/31/10 (no more than 90 days after dissolu	tion file date	:)	
FOURTH:	Adoption of Dissolution (CHECK ONE)			
	Dissolution was approved by the shareholders. The number of votes can was sufficient for approval.	ıst for dis	solutio	on
	Dissolution was approved by the shareholders through voting groups.			
	The following statement must be separately provided for each voting grou to vote separately on the plan to dissolve:	p entitled	r	
	The number of votes cast for dissolution was sufficient for approval by		=======================================	
		疆	JAN 2	and it
	(voting group)	- 33	28 A	
Ś	Signature:	T STATE	AM 10: 5%	
	(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)	- f y		
	ALFREDO R PADILLA			
-	(Typed or printed name of person signing)	•		
	DIRECTOR			
_	(Title of person signing)			

Filing Fee: \$35

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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.

Name of Corporation: EXPRESITO BOX, INC.
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.
ALFREDO R PADILLA
Printed Name of the Person Filing Signature of the Person Filing

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