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SECRETARY OF STATE ALLAHASSEE FLORIDA



COVER LETTER

TO: Amendment Section Division of Corporations SUBJECT: PRULINHA ENTER PRISES, INC.					
					DOCUMENT NUMBER: Posociolo 93
The enclosed Articles of Dissolution and fee are submitted for filing.					
Please return all correspondence concerning this n	natter to the following:				
GEORGE F. DU	ffy				
(Name of Contact Person)					
PAULINHA ENTERPRISES, INC.					
(Firm/Company)					
2330 NW 59TH AVE					
(Address)					
OCALA, FL 3	34482				
OCALA, FL (City/State and	Zip Code)				
For further information concerning this matter, ple	ease call:				
GEORGE F. DUFFY a (Name of Contact Person)	t (352) 732 8450 (Area Code & Daytime Telephone Number)				
Enclosed is a check for the following amount:					
Certificate of Status Cert (Add	i.75 Filing Fee & \$\Bigcup \\$52.50 Filing Fee, Certificate of Status & Certified Copy closed) (Additional copy is enclosed)				
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle				

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 corpo	ration as currently filed	with the Florida Department	of State:		
	PAULINHA	ENTERPRISES,	INC.			
SECOND:	The document number of the corporation (if known): P03000101093					
THIRD:	The file date the articles of incorporation: SEPTEMBER 15, 2003					
FOURTH:	(CHECK AT LEAST	ONE BOX)				
	☑ None of the	corporation's shares hav	e been issued.			
	The corpora	ion has not commenced	business.			
FIFTH:	No debt of the corpora	ion remains unpaid.				
SIXTH:	The net assets of the co to the shareholders, if s		r winding up have been distr	ibuted		
SEVENTH:	Adoption of Dissol	ution (CHECK ONE)		TAS OF		
	X A majority	of the incorporators auth	orized the dissolution.	F APR		
	☐ A majority	of the directors authorize	ed the dissolution.	FILED 8 APR 18 PN 1: 02 ECRETARY OF STATE LLAHASSEE FLORIDA		
Sign	ature: Heorge	((1) ()	•)A 2		
	(By a director, president	or other officer - if directors or or, trustee, or other court appoint	fficers have not been selected, by an indifiduciary, by that fiduciary.)	ncorporator - if		
		GEORGE F. (Typed or printed name of printed name)	Duffy			
		(Typed or printed name of p	person signing)			
		PRESIDE				
		(Title of Person Si	mug)			

Filing Fee: \$35