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COVER LETTER

TO: Amendment Section

Division of Corporations
SUBJECT: Dissolution of A Corporation
DOCUMENT NUMBER: PØ4ØØØØ43Ø97
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Olga N. To ledo (Name of Contact Person)
(Name of Contact Person)
(Firm/Company)
POBOX 65-1312 (Address)
MiAmi FL 33265
(City/State and Zip Code)
For further information concerning this matter, please call:
Oga To ledo at (305) 646-3986 (Name of Contact Person) (Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$35 Filing Fee \$\bigcup \\$43.75 Filing Fee & \$\bigcup \\$43.75 Filing Fee & \$\bigcup \\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed) Certified Copy (Additional copy is enclosed)
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

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 Department of	f State:
	DE FILPO & TOLEDO, Inc.	
SECOND:	The document number of the corporation (if known): Post 4000	<u>0430</u> 97
THIRD:	The date dissolution was authorized: August 31, 2008	
	Effective date of dissolution if applicable: (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 of the shareholders through voting groups.	
	The following statement must be separately provided for each voting group e to vote separately on the plan to dissolve:	ntitled
	The number of votes cast for dissolution was sufficient for approval by	
		īAs o
	(voting group)	09 APR SECRET
	10	24 24 ARY ASSE
	Signature: Walds	<u>_</u>
	(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)	3: 39 STATE FLORIDA
	Olga N. Toledo	
	(Typed or printed name of person signing)	
	Director	
	(Title of person signing)	

Filing Fee: \$35