

P04000043291

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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05/04/05--01013--019 **35.00

05/04/05--01013--020 **8.75

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2005 MAY -4 PM 1:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dissolution
LFS
5-12-05

Noel Martinez
720 SW 2 St. No. 2
Miami, Fl. 33130

Thursday, April 28, 2005

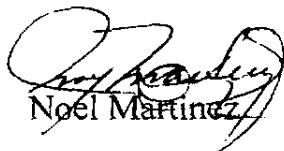
Division of Corporation
P.O. Box 6327
Tallahassee, Fl 32314

Ref:
NOMARUSA CORPORATION

To whom it may concern:

Dear Sir or Madam, the purpose of the current letter is to acknowledge the intention of dissolution of the above mentioned corporation. Such corporation never commenced business, therefore I seek that your office closes such company. Please find attached Articles of Dissolution along with the appropriate fee.

I thank you in advance for your time and trust that you will expedite my request.


Noel Martinez

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:

NOMARUSA CORP.

SECOND: The document number of the corporation (if known): P04000043291

THIRD: The file date the articles of incorporation: 03/03/2004

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: 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.

Signed this 28 day of April, 2005.

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.)

Noel Martinez

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35

FILED
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TALLAHASSEE, FLORIDA
SECRETARY OF STATE