

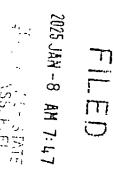
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COVER LETTER

TO: Amendment Section **Division of Corporations** Dissolution of MLA DESIGNS, INC. SUBJECT: P04000053292 DOCUMENT NUMBER: The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: EDUARDO HALEMAN (Name of Contact Person) MLA DESIGNS, INC. (Firm/Company) 18401 SW 92 Place (Address) Miami/Florida 33157 (City/State and Zip Code) For further information concerning this matter, please call: EDUARDO ALEMAN 343-9901 (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed is a check for the following amount: □ \$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

Mailing Address:

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

Street Address:

enclosed)

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

(Additional copy is

enclosed)

ARTICLES OF DISSOLUTION

The name of the corporation as currently filed with the Florida Department of State:

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST:

	MLA DESIGNS, INC.			
SECOND:	The document number of the corporation (if known): MARCH 29, 2004 The file date of the articles of incorporation:			
THIRD:				
FOURTH:	None of the corporation's shares have been issued.			
FIFTH:	No debt of the corporation remains unpaid.			
SIXTH:	The net assets of the corporation remaining after winding up, if any, have to the shareholders, if shares were issued.	been di	stribute	ed
SEVENTH:	A majority of the incorporators or directors authorized the dissolution	1 .		
Sign	(By a director, president or other officer - if directors or officers have not been selected, by a in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)	un incorpor	ator - if	
	EDUARDO H ALEMAN			
	(Typed or printed name of person signing)		2	
	STD	-4j .	2025 JAN -	
	(Title of Person Signing) Filing Fee: \$35	CLASSEE, FL	H-8 AM 7:47	