P04000060810

(Re	questor's Name)			
(Ad	dress)			
. (Ad	dress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



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05/08/06--01058--014 **35.00

06 MAY -8 AM 7: 50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Des/Wohice

COVER LETTER

TO: Amendment Section Division of Corporations				
SUBJECT: Dissolution	in of Corporation			
DOCUMENT NUMBER: Poy	01800000			
The enclosed Articles of Dissolution and fee are submitted for filing.				
Please return all correspondence concer	ming this matter to the following:			
<u> </u>	ZAbeth Thomas e of Contact Person)			
(Name	e of Contact Person)			
PAR	Adise Investment one Coep Firm/Company)			
. 8905	5 NW 53 ST.			
• ,	(Address)			
Su	Neise F1 33351			
(City	/State and Zip Code)			
For further information concerning this	matter, please call:			
Elizabeth Thoma (Name of Contact Person)	at (954) 650-3928 (Area Code & Daytime Telephone Number)			
Enclosed is a check for the following ar	mount:			
\$35 Filing Fee \$43.75 Filing Fee Certificate of State				
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:	RST: The name of the corporation as currently filed with the Florida Department of State:				
	PARAdise Investment Due Corporation				
SECOND:	PARALISE Investment Due Corporation The document number of the corporation (if known): POYDOUD 60810				
THIRD:	The file date of the articles of incorporation: $4/12/04$				
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.					
Sign	ature: (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, frustee, or other court appointed fiduciary, by that fiduciary.)				
	Elizabeth Thomas (Typed or printed name of person signing)				
President (Title of Person Signing)					

Filing Fee: \$35

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 Corpo	ration: Paradise Investment One	Corp	_
	ion will be the date the dissolution is filed with th Articles of Dissolution.	e Department of State or as	
Description of i	nformation that must be included in a claim:		
# 1. T 5. V			
Mailing address	s where claims can be sent: (Claims cannot be sen	t to the Division of Corporation	s)
	Elizabeth Thomas		
	8905 NW 53RD ST		
	Sunrise FL 33351		_
			<u></u>
	the above named corporation will be barred unlegered the filing of this notice.	ss a proceeding to enforce the cl	aim is commenced
·	•		
Elizabeth	Thomas	11:11	4.
LIIZADGU	Printed Name of the Person Filing	Signature of the Person	<u> ✓ WWWa</u> ✓ Filing