P04000084495

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(Áq	ldress)	
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SECRETARY OF STATE
FALLAHASSEE, FLORIN

20,207 20,207

COVER LETTER

TO: Amendment Section Division of Corporations				
SUBJECT: CORPORATE DISSOLUTION				
DOCUMENT NUMBER: <u>P0400084495</u>				
The enclosed Articles of Dissolution and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
(Name of Contact Person)				
FANTASY OF COLOMBIAN FLOWERS, INC				
5100 Pank Cenons Prive April 828				
ORLANDO FL 32839 (City/State and Zip Code)				
For further information concerning this matter, please call:				
ALVIS MUSUMEC! at (407) 748-4484 (Name of Contact Person) (Area Code & Daytime Telephone Number)				
Enclosed is a check for the following amount:				
\$35 Filing Fee \$43.75 Filing Fee & Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & Status Certified Copy (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 607.1403, 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 State:	
	TANTASY OF COMBIANTION	lens	INC
SECOND:	The document number of the corporation (if known): PO40000	1841	493
THIRD:	The date dissolution was authorized. Dec 28, 3006		
	Effective date of dissolution if applicable: Dee 28, 3006		
	(no more than 90 days after dissolution	n file date)	
FOURTH:	Adoption of Dissolution (CHECK ONE)		
	Dissolution was approved by the shareholders. The number of votes cas was sufficient for approval.	t for dissol ≅∽ ح	ution
	Dissolution was approved by the shareholders through voting groups.	ECRE LAH	: 1
	The following statement must be separately provided for each voting group to vote separately on the plan to dissolve:	A Hed -	
	The number of votes cast for dissolution was sufficient for approval by	STATE FLORIDA	D
	(voting group)	•	
	Signature: L Ahis Musumuce		
	(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)		
	HUIS NUSUMEC (Types or printed name of person signing)		
	President		
	(Title of person signing)		
	Filing Fee: \$35		