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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: VOLUNTARY DISSULUTION OF A FLORIDA CORP. (PROS
FEI# 80-012 1244
DOCUMENT NUMBER: (P04000 127 901)
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
c/o. RAFAEL C. MARQUES, CPA
(Name of Contact Person)
ETERNAL EYES SYSTEMS, INC.
(Firm/Company)
1820 S.W. 104 TH. AVE.
(Address)
MIAMI - FL 33165
(City/State and Zip Code)
For further information concerning this matter, please call:
RAFAEL C. MARRUES, CPA at (305) 223-4191.
(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 Certificate of Status & Certified Copy  (Additional copy is enclosed)  (Additional copy is enclosed)
MAILING ADDRESS:  Amendment Section  Division of Corporations  STREET ADDRESS:  Amendment Section  Division of Corporations

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

## 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:		
	ETERNAL EYES SYSTEMS, INC.		
SECOND:	The document number of the corporation (if known): P04000 127901		
THIRD:	The date dissolution was authorized: $12/31/05$		
	Effective date of dissolution if applicable: 12/31/05  (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 for dissolution was sufficient for approval.		
	☐ Dissolution was approved by of the shareholders through voting groups.		
	The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:		
	The number of votes cast for dissolution was sufficient for approval by  (voting group)		
	(voting group)		
	Signature: PRESIDENT  (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)		
	RAFAEL J. MARQUES		
	(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 Corporation: ETERNAL EYES SYSTEMS, INC.

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution.

Description of information that must be included in a claim:

NATURE AND SPECIFIC DETAILS AND AMOUNTS

OF A CLAIM.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

CO, RAFAEL J. MARQUES, DISSOLUTION PRESIDENT

1022 S.W. 21 ST. TERRACE

MIAHI - FL 33 165

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

RAPAEL J. MARQUES

Printed Name of the Person Filing

Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00