P04000138101

(Re	equestor's Name)	***************************************
(Ad	ldress)	
	ldress)	
(Cit	ty/State/Zip/Phone	e #)
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SECRETARY OF STATE
SECRETARY OF STATE

SEP 0 3:2008

COVER LETTER

TO: Amendment Section Division of Corporations	
Request to Dissolve Compotation	<u>'</u>
DOCUMENT NUMBER: PO 4000138 101	·
The enclosed Articles of Dissolution and fee are submitted for	or filing.
Please return all correspondence concerning this matter to the	following:
Chaudia Yemain	
(Name of Contact Person)	
(Firm/Company)	
16561 Blatt Blvd #103 (Address)	
Weston Fl 33326	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Chadia Yemail at (501 (Name of Contact Person) (Area C) 584 4038 Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
\$35 Filing Fee \$\text{\$\}\$}}}\$}}}\$}}}} \end{length}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}	Certificate of Status &
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 St LCudia Yemail PA	ate:
SECOND:	: The document number of the corporation (if known): PO 4 000 138	01
THIRD:	The date dissolution was authorized:	
	Effective date of dissolution if applicable: (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 was sufficient for approval.	dissolution
	Dissolution was approved by the shareholders through voting groups.	
	The following statement must be separately provided for each voting group entit to vote separately on the plan to dissolve:	led
	The number of votes cast for dissolution was sufficient for approval by	
	TAE:	08
	(voting group)	AUG 28
	Signature: (By a director, president or other officer - if directors or officers have not been selected, by recommendation)	28 AM 9: 03
	an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)	
	CLOVAIA LEMONTAL (Typed or printed name of person signing)	
	Dresiding.	
	(Title of person signing)	

Filing Fee: \$35