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Special Instructions to Filing Officer:		
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COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: DISSOLUTION OF Chop.	clulimited TNC	
DOCUMENT NUMBER: PO4000/424	7L	
The enclosed Articles of Dissolution and fee are submitted f	or filing.	
Please return all correspondence concerning this matter to the	e following:	
Avore Levasseur		
(Name of Contact Person)		
Seix		
(Firm/Company)		
1060 Itschoe AVE NW		
PAIM TON, EL 2090M		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
i i i i i i i i i i i i i i i i i i i		
Maré Levasseum at (32/	200-3128	
(Name of Contact Person) (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:		
Certificate of Status Certificate of Status Certified Copy (Additional copy enclosed)	Cee & \$\sumsymbol{\subset}\$\$ \$52.50 \text{ Filing Fee,} \\ \text{Certificate of Status & } \\ \text{Certified Copy} \\ \text{(Additional copy is enclosed)} \end{array}	
MAILING ADDRESS:	STREET ADDRESS:	
Amendment Section	Amendment Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327	Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Circle	

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation

articles of dissolution: FIRST: The name of the corporation as currently filed with the Florida Department of State: SECOND: The document number of the corporation (if known): The file date of the articles of incorporation: THIRD: (CHECK AT LEAST ONE BOX) FOURTH: 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. Signature (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.) Typed or printed name of person signing) (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: hops UNLIMITES 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:
FINAL DAY Of CORPORATION WAS /15 to be
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
MAINTSAY, FL ZD90.4
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.
ANORE Levasseur State
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