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COVER LETTER

TO: Amendment Section

Division of Corporations
SUBJECT: DOllar Discount la Caridad, Inc.
DOCUMENT NUMBER: PO5 00 0003 103
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Ramon Ruyes (Name of Contact Person)
(Name of Contact Person)
(Firm/Company) 1, 5035 Palm Que
(Address)
HALLAN FL 30012
(City/State and Zip Code)
For further information concerning this matter, please call:
Ramon Reyls at (305) 872-0669 (Name of Contact Person) (Area Code & Daytime Telephone Number)
(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 & Certificate of Status & Certified Copy (Additional copy is enclosed) (Additional copy is enclosed)
MAILING ADDRESS: STREET ADDRESS:
Amendment Section Amendment Section Division of Corporations Division of Corporations
P.O. Box 6327 Clifton Building
Tallahassee El 32314 2661 Evecutive Center Circle

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this corporation submits the following articles of dissolution: FIRST: The name of the corporation is: DOLLAR DISCOUNT LA CARIDAD, INC. **SECOND:** The date dissolution was authorized: THIRD: 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 vote 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) day of Detober

Chairman or Vice Chairman of the Board, President, or other officer)

Typed or printed name