

P05000103134

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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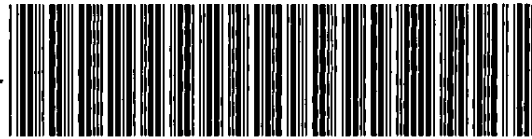
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 2, 2008

MIGUEL RIVAS
ARMAEL, INC.
5278 NW 114TH AVE. #105
DORAL, FL 33178-3595

SUBJECT: ARMAEL, INC.
Ref. Number: P05000103134

We have received your document for ARMAEL, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

The fee to file articles of amendment is \$35. Certified copies are optional and are \$8.75 for the first 8 pages of the document, and \$1 for each additional page, not to exceed \$52.50.

The tax information is not filed in this office. Please retain.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Karen Gibson
Document Specialist Supervisor

Letter Number: 908A00019517

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 APR 16 AM 8:00

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ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, 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:

ARMAEL, INC.

SECOND: The document number of the corporation (if known): P05000103134

THIRD: The file date of the articles of incorporation: 07/28/2005

FOURTH: (CHECK AT LEAST ONE BOX)

☒ 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.)

MIGUEL RIVAS

(Typed or printed name of person signing)

PRESIDENT

(Title of Person Signing)

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TALLAHASSEE, FLORIDA

Filing Fee: \$35