P0500011195

| Cigor Verture 7601 c. Treesure Dr. # . M. BV FL 33141 | -2417 | |
|-------------------------------------------------------|--------|--|
| (Address) | | |
| (City/State/Zip/Phone #) | | |
| PICK-UP WAIT | MAIL | |
| (Business Entity Name) | | |
| | | |
| (Document Number) | | |
| Certified Copies Certificates of | Status | |
| Special Instructions to Filing Officer: | | |
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Office Use Only



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11/14/08--01028--004 **52.50



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X00789, 00624, 00671



November 19, 2008

Cigar Venture 7601 E. Treasure Dr. #2417 North Bay Village, FL 33141

SUBJECT: CIGAR VENTURE, INC.

Ref. Number: P05000111195

We have received your document for CIGAR VENTURE, INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

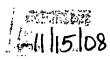
If you have any questions concerning the filing of your document, please call (850) 245-6907.

Letter Number: 108A00057732

Annette Ramsey Regulatory Specialist II

COVER LETTER

| TO: Amendment Section Division of Corporations | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| SUBJECT: Dissolution of Cigar Verlure | | |
| DOCUMENT NUMBER: | | |
| The enclosed Articles of Dissolution and fee are submitted for filing. | | |
| Please return all correspondence concerning this matter to the following: | | |
| Soledad Sauchez Slousky (Name of Contact Person) | | |
| \ | | |
| <u>Cicar Veulure Corporation</u> (Firm/Company) | | |
| | | |
| 7601 E. Treasure Dr. #2417 (Address) | | |
| | | |
| Proble Bey Village FL 33141 (City/State and Zip Code) | | |
| For further information concerning this matter, please call: | | |
| Soleolod Slousky at (786) 271-9922 (Name of Contact Person) (Area Code & Daytime Telephone Number) | | |
| Enclosed is a check for the following amount: | | |
| S35 Filing Fee S43.75 Filing Fee & S43.75 Filing Fee & Certificate of Status Certified Copy (Additional copy is enclosed) S52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed) | | |
| 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 607.1401, Florida Statutes, this Farticles of dissolution: | lorida profit corporation submits the following |
|------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| FIRST: The name of the corporation as current | ly filed with the Florida Department of State |
| <u>Cigar Vendure</u> , | Inc. |
| SECOND: The document number of the corporati | on (if known): |
| THIRD: The file date of the articles of incorpor | ation: 8/10/05 effective 11-15-08 |
| FOURTH: (CHECK AT LEAST ONE BOX) | |
| None of the corporation's sha | ares have been issued. |
| The corporation has not com | menced business. |
| FIFTH: No debt of the corporation remains unp | aid. |
| SIXTH: The net assets of the corporation remain to the shareholders, if shares were issue | ing after winding up have been distributed |
| SEVENTH: Adoption of Dissolution (CHECK | ONE) |
| A majority of the incorporat | ors authorized the dissolution. |
| A majority of the directors a | uthorized the dissolution. |
| | |
| Signature: (By adirector, president or other officer - if dir in the hands of a receiver, trustee, or other cou | ectors or officers bave not been selected, by an incorporator - if rt appointed fiduciary, by that fiduciary.) |
| Soledad S. (Typed or printed | SLONSEY name of person signing) |
| Preside & | Person Signing) |

Filing Fee: \$35