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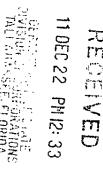
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C.COULLIETTE

DEC 2 2 2011

EXAMINER

COVER LETTER ,

TO: Amendment Section Division of Corporations	
SUBJECT: LATAMEL, INC., A FLORIDA COI	RPORATION
DOCUMENT NUMBER: PO50000123141	
The enclosed Articles of Dissolution and fee are submitted	for filing.
Please return all correspondence concerning this matter to t	the following:
HAROLD M. RIFAS, ESQ.	
(Name of Contact Person))
HAROLD M. RIFAS, P.A. (Firm/Company)	
7900 RED ROAD, SUITE 10	
(Address)	
SOUTH MIAMI, FL 33143	
(City/State and Zip Code	e)
For further information concerning this matter, please call:	
HAROLD M. RIFAS at (305 (Are	662-8814 a Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	• • •
·	
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 State:		
	LATAMEL, INC.		
SECOND:	The document number of the corporation (if known): PO5000 123141		
THIRD:	DECEMBED 15, 2011		
	Effective date of dissolution <u>if applicable</u> : DECEMBER 22, 2011 (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 dissolution was sufficient for approval.		
	Dissolution was approved by 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)		
	ORIDA ORIDA		
:	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)		
	ALBERT MARTELL		
	(Typed or printed name of person signing)		
	ASSISTANT SECRETARY		
	(Title of person signing)		

Filing Fee: \$35