P0500/58689

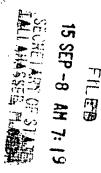
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COVER LETTER

TO: Amendment Section **Division of Corporations** HAQUE BROTHER INC **SUBJECT:** P05000158689 **DOCUMENT NUMBER:** The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: APRIL CONDRON (Name of Contact Person) CAPE COD MGMT SVC INC (Firm/Company) 314 NE 27TH ST (Address) WILTON MANORS FL 33334-2020 (City/State and Zip Code) For further information concerning this matter, please call: APRIL CONDRON 954-630-8300 (Area Code) (Daytime Telephone Number) (Name of Contact Person) Enclosed is a check for the following amount: ■ \$35 Filing Fee □ \$43.75 Filing Fee & □ \$43.75 Filing Fee, Certificate of Status Certificate of Status & Certified Copy (Additional copy is Certified Copy (Additional copy is enclosed) enclosed) MAILING ADDRESS: STREET ADDRESS: Amendment Section Amendment Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

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: HAQUE BROTHER INC The document number of the corporation (if known): P05000158689		
SECOND:			
THIRD:	The date dissolution was authorized: 09-03-2015		
	Effective date of dissolution if applicable: (no more than 90 days after dissolution file date)		
	Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.		
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:		
	(voting group)		
	Signature: (By a director, president or other officer - if directors or officers have not been selected, by that fiduciary) TOFAJAL HAQUE (Typed or printed name of person signing)		
	PRESIDENT		
	(Title of person signing)		