P600001821

(Re	questor's Name)	
(Ad	dress)	•
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Pu	cinosa Entity No.	
(Bu:	siness Entity Nar	ne)
(Do	cument Number)	
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Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO: Amendment Section

Division of Corporations		
SUBJECT: DYNASTY MAILET? DOCUMENT NUMBER: POGOSO	ny Group Inc	
DOCUMENT NUMBER: POLOGO	01321	
The enclosed Articles of Dissolution and fee are su	bmitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
Josu A	SANTES	
(Name of Contact	Person)	
(Time /Comm		
(Firm/Compa		
2000 N	Bayshore Dr # 623	
(Address)		
M.m. 12	33137	
(City/State and Zi	p Code)	
	-	
For further information concerning this matter, plea	se call:	
Name of Contact Person) at ((Area Code & Daytime Telephone Number)	
	,	
Enclosed is a check for the following amount:		
	ied Copy Certificate of Status & Certified Copy	
MAILING ADDRESS:	STREET ADDRESS:	
Amendment Section Amendment Section		
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Circle	

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

241 JUN 15 AM 9: 20 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:
	Dynasty Harlesting Group the
SECOND:	The document number of the corporation (if known): PO66000 1321
THIRD:	The file date of the articles of incorporation: $1-4-2066$
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.
	M = -
Signa	ature: (By addirector, president or other officer - if directors or officers have not been selected, by an incorporator - if
	if the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)
	(Typed or printed name of person signing)
	(Typed or printed name of person signing)
	(Title of Person Signing)
	\

Filing Fee: \$35

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S. This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution. Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution. Description of information that must be included in a claim: Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00

Signature of the Per