P06000009343

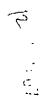
(Requestor's Na	me)	
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COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: ARTICLES OF DISSOLUTION			
DOCUMENT NUMBER: <u>P0600009343</u>			
The enclosed Articles of Dissolution and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
LILIANA MALDONADO			
(Name of Contact Person)			
OSAKA AIR COMPANY CORP.			
(Firm/Company)			
6043 NW 167 th St. # A.10.			
(Address)			
HIALEAH FL. 33015			
(City/State and Zip Code)			
For further information concerning this matter, please call:			
LILIANA MALDONADO at (9543947091			
(Name of Contact Person) (Area Code) (Daytime Telephone Number)			
Enclosed is a check for the following amount:			
**E\$\$35 Filing Fee \$\Bar{\Bar{\Bar{\Bar{\Bar{\Bar{\Bar{			
Mailing Address: Amendment Section Street Address: Amendment Section			
Division of Corporations Amendment Section Division of Corporations			
P.O. Box 6327 The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

The name of the corporation as currently filed with the Florida Department of State:

FIRST:

	OSAKA AIR COMPANY CORP.		
SECOND:	The document number of the corporation (if known): Pc. 60000 93	43	
THIRD:	The date dissolution was authorized: DEC 31, 2020		
	Effective date of dissolution if applicable: DEC 31, 2020		
	(no more than 90 days after dissolution file Note: If the date inserted in this block does not meet the applicable statutory filing requirement not be listed as the document's effective date on the Department of State's records.		
FOURTH:	Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.		
	f:		
:	Signature:	7-	
	(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)	<u>.</u>	
	LILIANA MALDONADO		
	(Typed or printed name of person signing)		
	PD. AND ONLY OWNER.		
(Title of person signing)			

Filing Fee: \$35