P06000020697

(Reque	stor's Name)
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Story story

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Rofi Realfy Con	rporation
DOCUMENT NUMBER: P060000	20697
The enclosed Articles of Dissolution and fee are submitted	for filing.
Please return all correspondence concerning this matter to the	ne following:
Soraida Ab	re U
(Name of Contact Person)	•
•.	
(Firm/Company)	
901 BRICKELL (Address)	- KEY BLD
MIAMI FL 3	
(City/State and Zip Code)	5.0.
For further information concerning this matter, please call:	
Caylos Abreu at (786) (Name of Contact Person) (Area	Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
Sample Status Status Status Certified Copy (Additional copenciosed)	y Certificate of Status &
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 Florida profit corporation submits the following articles of dissolution:

FIRST:	The name of the corporation as currently filed with the Florida Department of State:
	Rofi Realty Corporation
SECOND:	The document number of the corporation (if known): POG 00002069
THIRD:	The file date of the articles of incorporation: $2-9-06$
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.
Sign	(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.)
	Soraida Abreu (Typed or printed name of person signing)
	President (Title of Person Signing)

Filing Fee: \$35