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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section

Division of Corporations
SUBJECT: SHALOM EXPEDITION THE
DOCUMENT NUMBER: <u>60600034347</u>
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
ARIE MIRSILY (Name of Contact Person)
(Name of Contact Person)
SHALOM EXPEDITION INC. (Firm/Company)
2989 BERNICE CT (Address)
SACKSONVICE, FC 32257 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (904) 361-3210 (Area Code & Daytime Telephone Number)
(Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
▼\$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee, Certificate of Status & Certificate of Status & Certificate of Status & Certificate Copy (Additional copy is enclosed) (Additional copy is enclosed)
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:	
	SHALOM EXPEDITION INC	
SECOND:	The document number of the corporation (if known): [060003434])
THIRD:	The file date of the articles of incorporation: 03/03/2006	
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.	SECRETARY OF ALLAHASSEE, F
Sign	(By a director, president or other officer - if directors or officers have not been selected, by an incorporator of in the bands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)	RY OF STATE SSEE, FLORIDA
	(Typed or printed name of person signing)	
	PRESIDENT (Title of Person Signing)	

Filing Fee: \$35