## P06000038395

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

SUBJECT:		DROSAN. IN	<u> </u>
DOCUMENT NU	JMBER: P06000038	8395	
The enclosed Arti	cles of Dissolution and for	ee are submitted f	or filing.
Please return all co	orrespondence concerning	g this matter to the	e following:
	ROSAN	A PALACIO	
	(Name of	Contact Person)	
	Roa	walain	
		n/Company)	
	4020 1	NW 197 ST.	
	(Ac	ddress)	
	MIAM	II FL 33055	
		te and Zip Code)	
For further informa	ation concerning this mat	tter, please call:	
ROSANA F			_) 285-8074
(Name o	of Contact Person)	(Area	Code & Daytime Telephone Number)
Enclosed is a chec	k for the following amou	nt:	
- ▼\$35 Filing Fee			Fee & \$\int \\$52.50\$ Filing Fee,  Certificate of Status &  Y is Certified Copy  (Additional copy is enclosed)
Amendmer Division o P.O. Box 6	f Corporations		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:
	OROSAN. INC
SECOND:	The document number of the corporation (if known): P06000038395
THIRD:	The file date of the articles of incorporation: 03/15/2006
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.
Sigr	nature: Romerslain
C	(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.)
	ROSANA PALACIO
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of Person Signing)

Filing Fee: \$35