to accordance

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COVER LETTER

Division of Corporations
SUBJECT: UNique transport, INC.
DOCUMENT NUMBER: PO 600001431
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person)
(Name of Contact Person)
UNIQUE tamps Fort Fre. (Firm/Company)
(Firm/Company)
(1060 5w 152ct (Address)
miani A 33196
(City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (786) 2-22-5337 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$\Bigcup \\$43.75 Filing Fee & \$\Bigcup \\$43.75 Filing Fee & \$\Bigcup \\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed) . (Additional copy is enclosed)
MAILING ADDRESS: STREET ADDRESS:

Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

Amendment Section

Division of Corporations Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

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 St	ate:
	MIQUE TAANS port, FNC	
SECOND:	The document number of the corporation (if known): P060000614	B [
THIRD:	The file date of the articles of incorporation:	
FOURTH:	(CHECK AT LEAST ONE BOX)	
	None of the corporation's shares have been issued.	Sign
	The corporation has not commenced business.	
FIFTH:	No debt of the corporation remains unpaid.	4 人 5
SIXTH:	The net assets of the corporation remaining after winding up have been distribute to the shareholders, if shares were issued.	AM 10: 2
SEVENTH:	Adoption of Dissolution (CHECK ONE)	
	A majority of the incorporators authorized the dissolution.	
	A majority of the directors authorized the dissolution.	
Signa	ature:	
	(By a director, president or other officer - if directors or officers have not been selected, by an incorpor in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)	ator - if
	JOSE ROMERO	
	(Typed or printed name of person signing)	
	PUESIDENT	
	(Title of Person Signing)	

Filing Fee: \$35