P06000106948

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SECRETARY OF STATE

Dissolution

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COVER LETTER

TO: Amendment Section Division of Corporations	
Division of Corporations	
SUBJECT: GOLDEN ANGEL TOURS	S, INC
DOCUMENT NUMBER: P0600010694	8
The enclosed Articles of Dissolution and fee are	e submitted for filing.
Please return all correspondence concerning this	matter to the following:
MONICA ZAPATA	
(Name of Conta	act Person)
GOLDEN ANGEL TOURS, INC	
(Firm/Con	mpany)
P.O. BOX 4645	
(Addres	s)
MIAMI BEACH, FLORIDA 33141	
(City/State and	d Zip Code)
For further information concerning this matter, p	blease call:
MONICA ZAPATA	at (786) 259-5912
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
Certificate of Status . Ce	43.75 Filing Fee & \$\sum \\$52.50 Filing Fee, ertified Copy dditional copy is nclosed) \$\sum \\$\$ (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 607.1403, 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:			
	GOLDEN ANGEL TOURS, INC.			
SECOND:	The document number of the corporation (if known): P06000106948			
THIRD:	The date dissolution was authorized: 1-15-2009			
	Effective date of dissolution if applicable: (no more than 90 days after dissolution file date)			
FOURTH:	Adoption of Dissolution (CHECK ONE)			
	Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.			
	Dissolution was approved by the shareholders through voting groups.			
	The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:			
	The number of votes cast for dissolution was sufficient for approval by ALCRATIC AND			
	(voting group) EFFLORITE OF STATE OF STATE			
	Signature: / Hoculy.			
	(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)			
	MONICA ZAPATA			
	(Typed or printed name of person signing)			
	PRESIDENT			
	(Title of person signing)			

Filing Fee: \$35