P06000108392

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COYER LETTER

TO: Amendment Section **Division of Corporations** SUBJECT: Dissolution DOCUMENT NUMBER: P06000108392 The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: **Angel Camba** (Name of Contact Person) (Firm/Company) 2629 Kinnon Drive (Address) Orlando, FL 32817 (City/State and Zip Code) For further information concerning this matter, please call: Angel Camba (Name of Contact Person) 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 Certified Copy Certificate of Status & (Additional copy is Certified Copy enclosed) (Additional copy is enclosed) STREET ADDRESS: **MAILING ADDRESS:** Amendment Section Amendment Section **Division of Corporations Division of Corporations** P.O. Box 6327 Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF DISSOLUTION

*** Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submit

of dissolution: The name of the corporation as currently filed with the Florida Department of State: FIRST: Angel Camba Inc The document number of the corporation (if known): P06000108392 SECOND: The date dissolution was authorized: 4/20/09 THIRD: Effective date of dissolution if applicable: 4/20/09 (no more than 90 days after dissolution file date) Adoption of Dissolution (CHECK ONE) FOURTH: 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 (voting group) Signature: (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) Angel Camba (Typed or printed name of person signing)

Filing Fee: \$35

Owner/Incorporator