Pucus 3UA

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number))
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



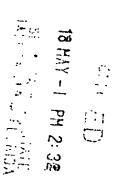
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MOWIN

R. WHITE

MAY 0 4 2018



COVER LETTER

O: Amendment Section	
Division of Corporations	
SUBJECT: DISSOLUTION OF CORPORATION	
OCUMENT NUMBER: P06000130491	
The enclosed Articles of Dissolution and fee are submitted for filing.	
lease return all correspondence concerning this matter to the following:	
Referdo Jose GRUART (Name of Contact Person) [Sand (Vigars Corp) (Firm/Company)	
(Name of Contact Person)	
ISLAND CIGARS COPP	
(Firm/Company)	
OPD49 HEATher Blud (Address)	
Weeki Wreher Fl 34613	
(City/State and Zip Code)	
or further information concerning this matter, please call:	
Polaudo GRUART at (404) SIB- 6230	
(Name of Contact Person) (Area Code & Daytime Telephone Number))
inclosed is a check for the following amount:	
Certificate of Status Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional copy is enclosed) Certified Copy (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:	
	Island CIGARS COPP	
SECOND:	The document number of the corporation (if known): 206000130491	
THIRD:	The document number of the corporation (if known): $\frac{00000130491}{130000}$ The file date of the articles of incorporation: $\frac{10130000}{130000}$	
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)	•
	to the shareholders, if shares were issued. Adoption of Dissolution CHECK ONE) A majority of the incorporators authorized the dissolution.	!
	A majority of the directors authorized the dissolution.	,)
Sign	(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.)	-
	Polando José GRUARI (Typed or printed name of person signing)	
٠	President (Title of Person Signing)	

Filing Fee: \$35

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims

against this corporation as provided in s. 607.1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filling a voluntary dissolution.

Name of Corporation: ISAND PLANS PORP

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution.

Description of information that must be included in a claim:

Due To intervension of Hospital Portion of Lorense Annioneers of Property of Annioneers of A

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced

within 4 years after the filing of this notice.