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(Re	questor's Name)
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(Cit	y/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
Фо	cument Number	1
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Certified Copies	_ Certificate	es of Status
Special Instructions to	Filing Officer:	
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Diss Voldis W/potuce Neuro 12-21-11

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Dissolution of Colporation
DOCUMENT NUMBER: + 06000 147827
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
ANGE/A M. MARULANLA (Name of Contact Person)
·
ATLAS Gold, CORP. (Firm/Company)
(Firm/Company)
1644/ S.W. 64th TETTACE.
Miami, FC. 33193. (City/State and Zip Code)
For further information concerning this matter, please call:
ANGE/A M. MARULANDA at (786) 339.0344
(Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$\sum \\$43.75 Filing Fee & \$\sum \\$43.75 Filing Fee & \$\sum \\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed) (Additional copy is enclosed)
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 STREET ADDRESS: Amendment Section Division of Corporations 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 submits the following articles of dissolution:

FIRST:	The name of the corporation as currently filed with the Florida Department of State:
	ATIAS Gold, Colf.
SECOND:	The document number of the corporation (if known): Po6000 147827.
THIRD:	The date dissolution was authorized:/2//9///
	Effective date of dissolution if applicable: /2/14/// (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
	All Directors /officers. (voting group) All Directors /officers.
	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)
	(Typed or printed name of person signing) President
	Cufel Mayande president.

Filing Fee: \$35

4 of 4.

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 filing a voluntary dissolution. ATLAS GOLL CORP. 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: tiona (DESCRIPTION Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 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. Printed Name of the Person Filing

Signature of the Person Filing

Signature of the Person Filing