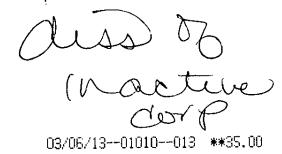
## Po6000150855

(Re	equestor's Name)	
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Special Instructions to Filing Officer:		
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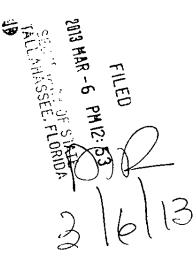
Office Use Only



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DEPARTMENT OF STATE



## **LAZARUS**

## CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973

· .		·
·		Office Use Only
CORPORATION NAME(S) & DOCUM	ÆNT NUMBER(S), (i	[ known):
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(Corporation Name)	(Document #)	
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(Corporation Name)	(Document #)	,
(Corporation Name)	(Document #)	
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(Corporation Name)	(Document #)	
Walk in Pick up time	2.00	Certified Copy
☐ Mail out ☐ Will wait	Photocopy	Certificate of Status
NEW FILINGS	<b>AMENDMENTS</b>	
☐ Profit	☐ Amendment	
Not for Profit	Resignation of R.A., Officer/Director	
Limited Liability	Change of Registered Agent Dissolution/Withdrawal	
Domestication Other	Dissolution/Wi Merger	thdrawal
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OTHER FILINGS	REGISTRATION	<u>/OUALIFICATION</u>
Annual Report	☐ Foreign	
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	Reinstatement Trademark	• .
	Other	·
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		Examiner's Initials
CR2E031(7/97)		

## ARTICLES OF DISSOLUTION

Pursuant to of dissolution	2013 HAR - 6 FILLE - 0
FIRST:	The name of the corporation as currently filed with the Florida Department of State ORIDA  EL CARIBE CAFETERIA, CORP.
SECOND:	The document number of the corporation (if known): P06000150855
THIRD:	The date dissolution was authorized: 09/15/2012
	Effective date of dissolution if applicable: 10/01/2012  (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
	(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)
	HERLYNS ESTOPINAN
	(Typed or printed name of person signing)
	(Title of person signing)
	, 1 6 6

Filing Fee: \$35