## 

| (Requestor's Name)  (Address)   | 000190077560                |  |  |
|---|-----------------------------|--|--|
| (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)                                 | 01/11/1101021003 **52.50    |  |  |
| (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer: | 2011 JAN 1<br>SEORE IN ARMS |  |  |

Office Use Only



## **COVER LETTER**

| TO: Amendment Section                         | ₹   |
|---|---|
| Division of Corporations                      |   |
| DODA! INC                                     |   |
| SUBJECT: DORAL, INC.                          |   |
| D07000404                                     | 205   |
| DOCUMENT NUMBER: P070000199                   | 325   |
| The enclosed Articles of Dissolution and fee  | are submitted for filing.                             |
| Please return all correspondence concerning t | his matter to the following:                          |
| Cabiala Mari                                  |   |
| Fabiola Verri                                 | ontact Person)  |
| (Name of Co                                   | mact reison)  |
| DORAL, INC.                                   | -   |
| (Firm/C                                       | Company)  |
| 3046 NW 99 PL                                 |   |
| (Add  | ress)   |
| DORAL FL 33172                                |   |
| (City/State                                   | and Zip Code)   |
| For further information concerning this matte | r, please call:                                       |
| Fabiola Verri                                 | at ( 305 ) 438-8037                                   |
| (Name of Contact Person)                      | (Area Code & Daytime Telephone Number)                |
| Enclosed is a check for the following amount: |   |
|   | \$43.75 Filing Fee & 🗹 \$52.50 Filing Fee,            |
| Certificate of Status                         | Certified Copy Certificate of Status & Certified Copy |
| •   | enclosed) (Additional copy is                         |
|   | enclosed)   |
| MAILING ADDRESS:                              | STREET ADDRESS:                                       |
| Amendment Section                             | Amendment Section                                     |
| Division of Corporations<br>P.O. Box 6327     | Division of Corporations Clifton Building             |
| Tallahassee FL 32314                          | 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:           |         |
|----------|---|------------------|---------|
|          | DORAL, INC.   |                  |         |
| SECOND:  | The document number of the corporation (if known): P07000019925   |                  |         |
| THIRD:   | The file date of the articles of incorporation: 02/13/2007  | <del>16</del> 1. | •       |
| FOURTH:  | (CHECK AT LEAST ONE BOX)  | W TVI            | 1F 1102 |
|          | None of the corporation's shares have been issued.  | ASSE<br>MEN      | IAN 11  |
|          | The corporation has not commenced business.   | English<br>Par   | AH      |
| FIFTH:   | No debt of the corporation remains unpaid.  |                  | 1:2     |
| SIXTH:   | The net assets of the corporation remaining after winding up have been distribute to the shareholders, if shares were issued.   | ited             |         |
| SEVENTH: | Adoption of Dissolution (CHECK ONE)   |                  |         |
|          | A majority of the incorporators authorized the dissolution.   |                  |         |
|          | A majority of the directors authorized the dissolution.   |                  |         |
| Sign     | Hature:  (By a director, president or other officer - if directors or officers have not been selected, by an incoming the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.) | rporator - i     | if      |
|          | Fabiola Verri   |                  |         |
|          | (Typed or printed name of person signing)   |                  |         |
|          | President   |                  |         |
|          | (Title of Person Signing)   |                  |         |

Filing Fee: \$35