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diss C.COULLIETTE

**EXAMINER** 

JUL 09 2010

## **COVER LETTER**

DOCUMENT NUMBER: PO70003429/  The enclosed Articles of Dissolution and fee are submitted for filing.  Please return all correspondence concerning this matter to the following:  DSCAR Rey (Name of Contact Person)  DSCAR Rey (Firm/Company)  1400 LINCOLU ROAD STE 504  (Address)  MIAMIBRAH, FL 33/39  (City/State and Zip Code)  For further information concerning this matter, please call:  DSCAR Rey (Area Code & Daytime Telephone Number)  Enclosed is a check for the following amount:  \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$\( \) \$
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Please return all correspondence concerning this matter to the following:    DSCAR Rey (Name of Contact Person)
(Name of Contact Person)  DSCAR Rev CPA  (Firm/Company)  1400 Lincoll Road 375 504  (Address)  MIAMIBRACH, FL 33/39  (City/State and Zip Code)  For further information concerning this matter, please call:  1205 531-85/8  (Name of Contact Person)  (Area Code & Daytime Telephone Number)  Enclosed is a check for the following amount:  12535 Filing Fee \$\Bar{8}43.75 Filing Fee & \$\Bar{8}43.75 Filing Fee & \$\Bar{8}52.50 Filing Fee,
(Firm/Company)  1400 Lincoll Road 315 504  (Address)  MIAMIBEACH, FL 33/39  (City/State and Zip Code)  For further information concerning this matter, please call:  Oscar Rey  (Area Code & Daytime Telephone Number)  Enclosed is a check for the following amount:  \$\square\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$
(Firm/Company)  1400 LINCOLL ROAD STE 504  (Address)  MIAMIBEACH, FL 33/39  (City/State and Zip Code)  For further information concerning this matter, please call:  OSCAR Rey  (Area Code & Daytime Telephone Number)  Enclosed is a check for the following amount:  **S35 Filing Fee \$ \$43.75 Filing Fee & \$\$43.75 Filing Fee & \$\$52.50 Filing Fee,
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(Address)  MIAMIBEACH, FL 33/39  (City/State and Zip Code)  For further information concerning this matter, please call:  OSCAR Rey  (Name of Contact Person)  at (305) 531-85/8  (Area Code & Daytime Telephone Number)  Enclosed is a check for the following amount:  \$\square\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$
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OSCAR REY  (Name of Contact Person)  at (305) 531-8518  (Area Code & Daytime Telephone Number)  Enclosed is a check for the following amount:  \$\square{1}\$\$ \$35 \text{ Filing Fee } \$\square{1}\$\$ \$43.75 \text{ Filing Fee } \$\square{1}\$\$\$ \$\$ \$\$52.50 \text{ Filing Fee,}
(Name of Contact Person) (Area Code & Daytime Telephone Number)  Enclosed is a check for the following amount:  \$\infty\$\$ \$\frac{1}{2}\$\$\$ Filing Fee \$\infty\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$
Enclosed is a check for the following amount:  \$\infty\$\$ \$\infty\$\$\$ \$\infty\$\$\$ \$\infty\$\$\$ \$\infty\$\$\$ \$\infty\$\$\$ \$\infty\$\$\$ \$\infty\$\$\$ \$\infty\$\$\$ \$\infty\$\$\$ \$\infty\$\$\$\$ \$\infty\$\$\$ \$\infty\$\$\$\$ \$\infty\$\$\$\$\$ \$\infty\$\$\$\$ \$\infty\$\$\$\$\$ \$\infty\$\$\$\$\$\$ \$\infty\$\$\$\$\$\$\$\$\$\$\$\$ \$\infty\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$
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Certificate of Status Certified Copy Certificate of Status &  (Additional copy is Certified Copy enclosed) (Additional copy is enclosed)
MAILING ADDRESS: STREET ADDRESS:
Amendment Section Amendment Section Division of Corporations Division of Corporations

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314

## 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:
	POPPER INC
SECOND:	The document number of the corporation (if known): P0700034 2 9
THIRD:	The file date of the articles of incorporation: $\frac{D3/16/2007}{}$
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)
	A majority of the incorporators authorized the dissolution.
	A majority of the directors authorized the dissolution.
Sign	ature:  (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.
	(Title of Person Signing)

Filing Fee: \$35