

PO 7000073674

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten signature]

DSB

3/16/09

Cover Letter

Date: March 7, 2009

To: Florida Department of State
Division of Corporation
P.O Box 6327

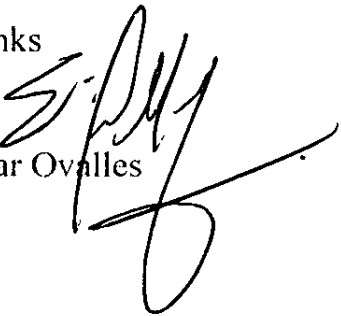
From: Ramirez Paper Depot INC
Attn: Edgar Ovalles
4474 Weston Road # 215
Davie, Florida 33331

Enclosed please find the articles of dissolution for "RAMIREZ PAPER DEPOT INC" together with my check number 166 for USD \$ 35.00 dated March 7th 2009.

In case that you need to reach me in reference to this filling please call me at 954-559-8154

Thanks

Edgar Ovalles

A handwritten signature in black ink, appearing to read 'E. Ovalles', with a long horizontal flourish extending to the right.

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:

RAMIREZ PAPER DEPOT INC.

SECOND: The document number of the corporation (if known): P07000073674

THIRD: The date dissolution was authorized: 12/01/2008

Effective date of dissolution if applicable: 12/01/2008
(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)

EDGAR OVALLES

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Filing Fee: \$35