P07000088390

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(only-ordinal lip)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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10 MAY -5 PM 1: 45
SECRETARY OF STATE
FALL ANASSEE FLORID

Villis Willotice

MAY 1 2 2010

COVER LETTER

TO: Amendment Section

Division of Corporations		
SUBJECT: Mission from God	d, Inc.	
DOCUMENT NUMBER: 7070008	8390	
The enclosed Articles of Dissolution and fee are submitted	d for filing.	
Please return all correspondence concerning this matter to	the following:	
(Name of Contact Person)	Terife	
Mission from (Firm/Company)	God, Inc.	
14159 SW 3Z (Address)	ST	
(Address)		
Hiramar FL (City/State and Zip Code	3 <i>30</i> 27	
(City/State and Zip Code	e)	
For further information concerning this matter, please call:		
(Name of Contact Person) (Name of Contact Person) (Are	36) <u>Z86-494Z</u> ra Code & Daytime Telephone Number)	
	a code & Daytime Telephone (Vulnoer)	
Enclosed is a check for the following amount:		
\$\square\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\	py Certificate of Status &	
MAILING ADDRESS:	STREET ADDRESS:	
Amendment Section Division of Corporations	Amendment Section Division of Corporations	
P.O. Box 6327	Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Circle	

Tallahassee, FL 32301

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:		
	Mission from God, Inc.		
SECOND:	The document number of the corporation (if known): PO70000 88390		
THIRD:	The date dissolution was authorized: 05/01/10		
	Effective date of dissolution if applicable: 05/01/10 (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)		
	STATE STATE		
	Si di Salah		
	(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)		
	Cys Jeronimo Tenife (Typed or printed name of person signing)		
	- Resident		
	(Title of person signing)		

Filing Fee: \$35

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. 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: 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.