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(Requestor's Name)		
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(City/State/Zip/Phone #)		
PICK-UP	WAIT MAIL	
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(Bu	siness Entity Name)	
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Certified Copies	Certificates of Status	
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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section

Division of Corporations			
SUBJECT: SWEET HOME OF MIAMI	INC		
DOCUMENT NUMBER: <u>P07000120201</u>			
The enclosed Articles of Dissolution and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
MARITZA ARANGO			
(Name of Contact Person)			
SWEET HOME OF MIAMI INC			
(Firm/Company)			
18460 SW 294 TER			
(Address)			
HOMESTEAD FL 33030			
(City/State and Zip Code)			
For further information concerning this matter, please call:			
MARITZA ARANGO	at (786) 344-0637		
(Name of Contact Person)	(Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:			
(Ad	3.75 Filing Fee & S52.50 Filing Fee, rtified Copy Iditional copy is aclosed) Certificate of Status & Certified Copy (Additional copy is enclosed)		
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		

ARTICLES OF DISSOLUTION

FILED 2008 AUG-1 PM 1:41 Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits to

articles of dissolution: The name of the corporation as currently filed with the Florida Department of State: FIRST: SWEET HOME OF MIAMI, INC -The document number of the corporation (if known): P07000120201 SECOND: The file date of the articles of incorporation: 11/02/2007 THIRD: 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. Adoption of Dissolution (CHECK ONE) SEVENTH: A majority of the incorporators authorized the dissolution. A majority of the directors authorized the dissolution. 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.) MARITZA ARANGO (Typed or printed name 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.

Name of Corpo	ration: SWEET HOME OF MIAMI IN	IC
Date of dissolut	tion will be the date the dissolution is filed with the Articles of Dissolution.	
Description of i	information that must be included in a claim:	
TO CLOS	E CORPORATION	
Mailing address	s where claims can be sent: (Claims cannot be sent	to the Division of Corporations)
	18640 SW 294 TER	
	HOMESTEAD FL 33030	
	t the above named corporation will be barred unles after the filing of this notice.	s a proceeding to enforce the claim is commenced
		A
MARITZA	ARANGO	granes
	Printed Name of the Person Filing	Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00