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COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: DISSOLUTION OF CO	ORPORATION	······································
DOCUMENT NUMBER: P0800002	6649	
The enclosed Articles of Dissolution and i	fee are submitted for filin	g.
Please return all correspondence concernin	g this matter to the follow	ving:
JERRY RUIZ		
(Name of Contact Person)		
AROMACUBA, INC		
(Firm/Company)		
10303 BRYNWOOD LN		
(A	ddress)	
TAMPA, FLORIDA 33624		
(City/Sta	te and Zip Code)	
For further information concerning this ma	tter, please call:	
JERRY RUIZ	at (_813) 9	18-7533
(Name of Contact Person)	(Area Code &	Daytime Telephone Number)
Enclosed is a check for the following amou	ınt:	
	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Ame Divis Clifte	EET ADDRESS: Independent Section Ission of Corporations In Building Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submit articles of dissolution: FIRST: The name of the corporation as currently filed with the Florida Department of AROMACUBA, INC The document number of the corporation (if known): P08000026649 SECOND: The file date of the articles of incorporation: 03/12/2008 THIRD: (CHECK AT LEAST ONE BOX) FOURTH: ✓ 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.) JERRY RUIZ (Typed or printed name of person signing) PRESIDENT

Filing Fee: \$35

(Title of Person Signing)