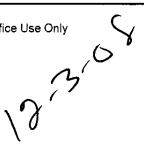
## P080039648

(Re	equestors Name)	
(Ad	dress)	· .
(Ad	dress)	
(Cit	:y/State/Zip/Phone	; #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies		of Status
Special Instructions to	Filing Officer:	
		:
	O# U O	





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Dec-1 PH 3: 17

## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: Master Investma	ents International, Co
DOCUMENT NUMBER: P08000	039648
The enclosed Articles of Dissolution and fee are submitt	ted for filing.
Please return all correspondence concerning this matter t	o the following:
Yordanka Perez	
(Name of Contact Person	on)
(Firm/Company)	·
• • • • • • • • • • • • • • • • • • • •	
19141 NW 57 CT (Address)	
Miami FL 33015	_
(City/State and Zip Co	ode)
For further information concerning this matter, please ca	11:
(Name of Contact Person) at (30)	rea Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
\$35 Filing Fee \$\times\$	Copy Certificate of Status & Certified Copy
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

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:
	Moster Invesment International, Corp
SECOND:	The document number of the corporation (if known): Pos 200039665
THIRD:	The file date of the articles of incorporation: $4/8-300$
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 distribute 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.)
	Yordanka Perez
	(Typed or printed name of person signing)
	(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. Name of Corporation: Masker Investments International Corp. 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: here-should be no Clain 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.