P08000059827

(Re	questor's Name)	
. (Ad	dress)	
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(Cit	y/State/Zip/Phone	e#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	1
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Office Use Only



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RETARY OF STATE
AHASSEF, FLORIDALS

MAR-2 AM 9:24

AHASSEF, FLORIDALS

COVER LETTER

TO: Amendment Section

Division of Corporations		
SUBJECT: DUOC DAU)RIENTAL	MARKET INC.
DOCUMENT NUMBER: POS 0000 S	9827	
The enclosed Articles of Dissolution and fee	are submitted for f	iling.
Please return all correspondence concerning to	nis matter to the fol	llowing:
NO TRUONG (Name of Co	ntact Person)	
(Firm/	Company)	
•	• •	
5786 SUBARCANE L	ANE ress)	Carrent and
		* .
LAKE WORTH, FL 33	467_ and Zip Code)	
For further information concerning this matte		
NO TRUONG	at (<u>954</u>)	600 - 2477
(Name of Contact Person)	(Area Cod	e & Daytime Telephone Number)
Enclosed is a check for the following amount	;	
Certificate of Status	\$43.75 Filing Fee Certified Copy (Additional copy is enclosed)	Certificate of Status &
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	A D C	FREET ADDRESS: mendment Section Division of Corporations Clifton Building 661 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:			
	QUOC DAU ORIENTAL MARKET INC			
SECOND:	The document number of the corporation (if known): PO 800 00 59827			
THIRD:	The file date of the articles of incorporation:			
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.			
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.)			
	(Typed or printed name of person signing)			
	PRESIDENT (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: 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: NONE 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. Printed Name of the Person Filing No

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