## P08000066250

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| · (City/State/Zip/Phone #)              |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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SECRETARY OF STATE
TALLAHASSEE, FLORIB

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## **COVER LETTER**

| Division of Corporations   |
|--|
| SUBJECT: Dissolution   |
| DOCUMENT NUMBER: P080000 66250   |
| The enclosed Articles of Dissolution and fee are submitted for filing.   |
| Please return all correspondence concerning this matter to the following:  |
| Drlando Carrion (Name of Contact Person)   |
| Drmani Corporation  (Firm/Company)   |
| 12685 NW 8th Jane  |
| (Address)  |
| Miami FL 33182   |
| (City/State and Zip Code)  |
| For further information concerning this matter, please call:   |
| Orlando Carrion at (305) 302-7725  |
| (Name of Contact Person) (Area Code & Daytime Telephone Number)  |
| Enclosed is a check for the following amount:  |
| \$35 Filing Fee \$\times \text{\$43.75 Filing Fee & Certificate of Status}\$\$ Certificate of Status \$\text{Certified Copy}\$\$ (Additional copy is enclosed) \$\text{\$52.50 Filing Fee, Certified Copy}\$\$ (Additional copy is enclosed) |
| MAILING ADDRESS: STREET ADDRESS:   |

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section Division of Corporations Clifton Building 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:  |
|---------|---|
|         | Drmani Corporation  |
| SECOND: | The document number of the corporation (if known): P080000(66250)   |
| THIRD:  | The date dissolution was authorized: 4 27 09  |
|         | Effective date of dissolution if applicable:  |
| FOURTH: | (no more than 90 days after dissolution (CHECK ONE)   |
|         | Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.   |
|         | ☐ Dissolution was approved by of 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   |
|         | officers  |
|         | (voting group)  |
|         | 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) |
|         | Orlando Carruon (Typed or printed name of person signing)   |
|         | president/Secretary/Treasurer   |

Filing Fee: \$35