P08000071299

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(Requestor's Name)
(Address)
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(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Business Entity Name)
(Document Number)
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section

Division of Corporations	
SUBJECT: OPTIMAL PROFESSIONAL MASSA	GES CORP
DOCUMENT NUMBER: P08000071299	
The enclosed Articles of Dissolution and fee are submitted for	filing.
Please return all correspondence concerning this matter to the fo	ollowing:
EILYN DE LA MONEDA RODRIGUEZ	
(Name of Contact Person)	
(Firm/Company)	
501 WEST 51ST PL # 201	
(Address)	
HIALEAH FL 33012	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
EILYN DE LA MONEDA RODRIGUEZ at (786	302-5997
(Name of Contact Person) (Area Co	de & Daytime Telephone Number)
Enclosed is a check for the following amount:	
\$35 Filing Fee \$\bigcup \\$43.75 Filing Fee & \$\bigcup \\$43.75 Filing Fe \\ Certificate of Status & Certified Copy (Additional copy enclosed)	Certificate of Status &
Amendment Section Division of Corporations P.O. Box 6327	STREET ADDRESS: 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:		
	OPTIMAL PROFESSIONAL MASSAGES CORP		
SECOND:	The document number of the corporation (if known): P08000071299		
THIRD:	07/08/2000		
	Effective date of dissolution <u>if applicable</u> : 07/08/2009 (no more than 90 days after dissolution file date)		
FOURTH:	Adoption of Dissolution (CHECK ONE)		
	Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.		
	Dissolution was approved by the shareholders through voting groups.		
	The following statement must be separately provided for each voting group ratitled to vote separately on the plan to dissolve:		
	The number of votes cast for dissolution was sufficient for approval by		
	(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)		
	EILYN DE LA MONEDA RODRIGUEZ		
	(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: OPTIMAL PROFESSIONAL MASSAGES 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: THIS IS BEING FILE FOR THE PORPOUSE OF DISSOLUTION OF THE CORPORATION OPTIMAL PROFESSIONAL MASSAGES CORP. Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 501 WEST 51ST PL # 201 HIALEAH FL 33012 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. EILYN DE LA MONEDA RODRIGUEZ

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

Printed Name of the Person Filing