## P0800008530Y

| (Re                     | equestor's Name)   |           |
|-------------------------|--------------------|-----------|
| (Ad                     | ldress)            |           |
| (Ad                     | dress)             |           |
| (Cit                    | ty/State/Zip/Phone | #)        |
| PICK-UP                 | ☐ WAIT             | MAIL      |
| (Bu                     | ısiness Entity Nam | e)        |
| (Do                     | ocument Number)    |           |
| Certified Copies        | _ Certificates     | of Status |
| Special Instructions to | Filing Officer:    |           |
|                         |                    |           |
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SUBRETARY OF STATE
ALLAHAGSRE FI USTRA

MAY 64 2016 T. LEMIELY



## **COVER LETTER**

TO: Amendment Section

| Division of Corporations  |   |  |
|---|---|--|
| SUBJECT: Articles of Dissolution  |   |  |
| DOCUMENT NUMBER: Applies of CT2e012.  | a / PD D00085304  |  |
| The enclosed Articles of Dissolution and fee are submitted fo   | r filing. TRACY LIMERUX   |  |
| Please return all correspondence concerning this matter to the  | following: Regulatorys peaast  His arizinal check.  |  |
| Michelle Boson-Lehman (Name of Contact Person)  |   |  |
| (Name of Contact Person)  | 11-   |  |
| CRUISE N TRAVEL,  | INC   |  |
| (Firm/Company)  |   |  |
| 14921 5W 147 8+ MI  |   |  |
| (Address)   |   |  |
| Manu 7 331  | ₹ <i>\</i>  |  |
| (City/State and Zip Code)   |   |  |
| For further information concerning this matter, please call:  |   |  |
| Wichelle Bisson-Lehman at (305) (Name of Contact Person) (Area C  | ode & Daytime Telephone Number)   |  |
| Enclosed is a check for the following amount:   | •   |  |
| □ \$35 Filing Fee □ \$43.75 Filing Fee & □ \$43.75 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (Additional copy enclosed) | Tee & \$\sum \\$52.50 \text{ Filing Fee,} \\ Certificate of Status & \\ This Certified Copy \\ (Additional copy is \\ enclosed) |  |
| MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tollohogga, FL 32314  | STREET ADDRESS: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle                        |  |
| Tallahassee, FL 32314 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:   |  |  |
|---|--|--|--|
|   | CRUISE N Travel, INC.  |  |  |
| SECOND:                                   | The document number of the corporation (if known): PO\$000085304   |  |  |
| THIRD:                                    | The file date of the articles of incorporation: December 31,2015   |  |  |
| 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 incorporators authorized the dissolution. ☐ A majority of the directors authorized the dissolution. ☐ A majority of the directors authorized the dissolution.                                  |  |  |
| Signa                                     | ature: Michelle Bisson-Rehman 5  |  |  |
|   | (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.) |  |  |
|   | Michelle Bisson-Lehman   |  |  |
| (Typed or printed name of person signing) |  |  |  |
|   | Ine ctoe   |  |  |
|   | (Title of Person Signing)  |  |  |

Filing Fee: \$35