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SECRETARY OF STATE



COVER LETTER

TO: Amendment Section

Division of Corporations	
SUBJECT: Dissolution of Attorneys	Dosai 3Maya, P.A
DOCUMENT NUMBER: POSOOO986	90
The enclosed Articles of Dissolution and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
(Name of Contact Person)	
Crowder, Desai, Faro, Gingo, An (Firm/Company)	O Maya P.A.
4767 New Broad St. or (Address)	
Orlando, FL 32814 (City/State and Zip Code)	·
For further information concerning this matter, please call:	
CArolyn MayA at (407) 51 (Name of Contact Person) (Area Code & Days	ime Telephone Number)
Enclosed is a check for the following amount:	
(Additional copy is Ce enclosed) (A	52.50 Filing Fee, ertificate of Status & ertified Copy dditional copy is nclosed)
P.O. Box 6327 Clifton Bu	nt Section f Corporations

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:		
	Attorneys Despismaya, P.A.		
SECOND:	The document number of the corporation (if known): POSOOO98690		
ΓHIRD:	The date dissolution was authorized: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
	Effective date of dissolution if applicable: 8/28/09 (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 entitled to vote separately on the plan to dissolve:		
	The number of votes cast for dissolution was sufficient for approval by		
	(voting group) (voting group) (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)		
	(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.

Date of dissolution will be the date the dissolution is filed with the Department of State or as

Name of Corporation:_

specified in the Articles of Dissolution.
Description of information that must be included in a claim:
Amount Due, Goods or services provided, date when these goods or services were provided, any contract signed by both parties, and any Notice that was given.
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 218 lincolnshire Rd winter Park, FL 32792
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 Signature of the Person Filing

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