(Re	equestor's Name)	
(Ad	ldress)	
(Ad	Idress)	
(Cit	ty/State/Zip/Phon	e #)
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03/23/15--01030--012 **35.00



COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: ALL FLORIDA EX	XPORT INC	
DOCUMENT NUMBER: P08000	100563	
The enclosed Articles of Dissolution and fe	ee are submitted for filing.	
Please return all correspondence concerning	this matter to the following:	
CAROLINA PACHECO		
(Name of C	Contact Person)	
SIS ACCOUNTING SERVICE INC		
(Firm	n/Company)	
5979 NW 151 STREET	STE 224	
,	ddress)	
MIAMI LAKES FL 33014		
(City/Stat	te and Zip Code)	
For further information concerning this mat	ter, please call:	
CAROLINA PACHECO	at (305) 828-0600	
(Name of Contact Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount	nt:	
■ \$35 Filing Fee ■ \$43.75 Filing Fee & Certificate of Status	□ \$43.75 Filing Fee & □ \$52.50 Filing Fee, Certified Copy (Additional copy is enclosed) □ \$43.75 Filing Fee & Certificate of Status & Certified Copy (Additional copy is enclosed)	
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

Pursuant to of dissoluti	section 607.1403, Florida Statutes, this Florida profit corporation bubilits the following articles			
or dissoluti	on: 2015 MAR 23 PM 3: 57			
FIRST:	The name of the corporation as currently filed with the Florida Repairment of ALL FLORIDA EXPORT INC			
SECOND:	The document number of the corporation (if known): P08000100563			
THIRD:	The date dissolution was authorized: 03/01/2015			
	Effective date of dissolution <u>if applicable:</u> 01/01/2015 (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)			
	Signature: Gabiel Marchese (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)			
	GABRIEL MARCHENA			
	(Typed or printed name of person signing)			
	PRESIDENT			
	(Title of person signing)			

Filing Fee: \$35