(Requestor's Name)  (Address)	600167646506
(Address)  (City/State/Zip/Phone #)	·
PICK-UP WAIT MAIL  (Business Entity Name)	03/03/1001023021 **35.00
(Document Number)  Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	2010 MAR - 3 PM 3: 40 PARTIAL SEE FLORIDA

Office Use Only



## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: ///C,	
DOCUMENT NUMBER: POSODO	104882
The enclosed Articles of Dissolution and fee	are submitted for filing.
Please return all correspondence concerning the	his matter to the following:
Miss Charlot	te Altidor
Miss Char	ontact Person)  Oth AltiOor Inc.  Company)
5115 Mainl	5 <del>+</del>
Lake Worth, FX (City/State	23462 and Zip Code)
For further information concerning this matter	
Charlotte Alticlor (Name of Contact Person)	at (786) 973-2627 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	· ·
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	Standard Status & Certified Copy (Additional copy is enclosed)  Standard 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 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 Charlotte Altidor	of State	<b>:</b> :
SECOND:	The document number of the corporation (if known): \$\int_09000/0498\$	2	
THIRD:	The file date of the articles of incorporation: $12/1/2008$		
FOURTH:	(CHECK AT LEÁST ONE BOX)	Dia.	20
	None of the corporation's shares have been issued.	ELAH!	10 MAR -3
	The corporation has not commenced business.	ARY C	
FIFTH:	No debt of the corporation remains unpaid.	FLO	PH 3:
SIXTH:	The net assets of the corporation remaining after winding up have been dist to the shareholders, if shares were issued.	ributed:	3: <b>\</b> 0
SEVENTH:	Adoption of Dissolution (CHECK ONE)		
	A majority of the incorporators authorized the dissolution.		
	A majority of the directors authorized the dissolution.		
Sign	ature:  (By a director, president or other officer - if directors or officers have not been selected, by an in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)  (Typed or printed name of person signing)	incorporato	_ or - if
	Miss Operate Altidor (Title of Person Signing)		

Filing Fee: \$35

## **Notice of Corporate Dissolution**

This notice is against this c	olved corporation named below for resolution of payment of unknown claims d in s. 607.1407, F.S.
This "Notice	ution" is optional and is not required when filing a voluntary dissolution.
Name of Co	iss Charlotte Altidor
Date of dis specified is	I be the date the dissolution is filed with the Department of State or as cles of Dissolution.
Descriptic	formation that must be included in a claim:
No Tong	The want the incorporation
	<u> </u>
Mailing address v	where claims can be sent: (Claims cannot be sent to the Division of Corporations)
	5/15 Mainl 5t
-	Make Morth, FL 33462
-	
_	
A claim against t within 4 years aft	he above named corporation will be barred unless a proceeding to enforce the claim is commenced ter the filing of this notice.
1	
_GnaL	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