## P09000000144

(P.	equestor's Name)	
(A	ddress)	
(A	ddress)	
	ity/State/Zip/Phone #)	
(0	nty/State/Zip/Filone #)	
PICK-UP	WAIT MAIL	
(B	usiness Entity Name)	
(Document Number)		
Certified Copies	Certificates of Status	
Special Instructions to	Filing Officer:	

Office Use Only



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D. CONNELL MAR 0 5 2010

## **COVER LETTER**

TO: Amendment Section

Division of Corporations
SUBJECT: Luisa, INC dissolution
DOCUMENT NUMBER: P09 00 00 00 144
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
LUIS QUINONES (Name of Contact Person)
Luisa, INC (Firm/Company)
3120 SW 11 St (Address)
(Address)
Miami, FL 33135 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
Luis Quinones at (186) 266 9508 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
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MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee FL 323142661 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	e:	
	Luisa, Inc.			
SECOND:	The document number of the corporation (if known): P090000	00	144	
THIRD:	The file date of the articles of incorporation: $\frac{12/31/08}{}$			
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 distrito the shareholders, if shares were issued.	buted.	10 H	
SEVENTH:	Adoption of Dissolution (CHECK ONE)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	AR -	13 pt.
	A majority of the incorporators authorized the dissolution.	Times	2 PH	E ST
	A majority of the directors authorized the dissolution.		0 MAR -2 PH 12: 36	The state of the s
Sign	ature:  By a director, president or other officer - it directors or officers have not been selected, by an in in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)	corporate	or - if	
	(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 Corpora	tion: LUISCE, INC.
	n will be the date the dissolution is filed with the Department of State or as rticles of Dissolution.
Description of inf	formation that must be included in a claim:
Form	INTION EFFECTIVE OF JANUARY 1, 2010.  Shares were Issued Per F.S. 607.1401  ation was done without my knowledge in error by Third Party
Mailing address v	where claims can be sent: (Claims cannot be sent to the Division of Corporations)
_	3120 SW115f MiAMI, FL 33135
- -	79171711 pt 20103
	ne above named corporation will be barred unless a proceeding to enforce the claim is commenced er the filing of this notice.
Luis	Printed Name of the Person Filing  Signature of the Person Filing
	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