

FD9000015932

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TALLAHASSEE, FLORIDA

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D.S.

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** MIAMI LAKES CIGAR CLUB, INC.

**DOCUMENT NUMBER:** P000015932

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOSE U. COHEN

(Name of Contact Person)

MIAMI LAKES CIGAR CLUB, INC.

(Firm/Company)

15804 NW 57th AVENUE

(Address)

MIAMI LAKES FL 33014

(City/State and Zip Code)

For further information concerning this matter, please call:

JOSE U. COHEN

(Name of Contact Person)

at ( 305 ) 825-9022

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$35 Filing Fee     \$43.75 Filing Fee & Certificate of Status     \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)     \$52.50 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 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:  
MIAMI LAKES CIGAR CLUB, INC.

SECOND: The document number of the corporation (if known): P09000015932

THIRD: The file date of the articles of incorporation: 02/19/2009

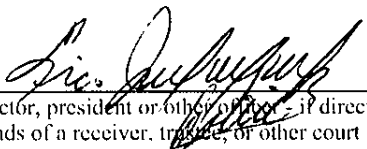
FOURTH: (CHECK AT LEAST ONE BOX)  
 None of the corporation's shares have been issued.  
 The corporation has not commenced business.

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 directors authorized the dissolution.

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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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.)

JOSE U. COHEN  
(Typed or printed name of person signing)

VICE PRESIDENT  
(Title of Person Signing)