P0900028360

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FILED SECRETARY OF STATE TALLAHYSSEE, FLORIDA

OCT 16 2013 T. CARTER

COVER LETTER

TO: Amendment Section

Division of Corporations	
SUBJECT: RAP POINT	GROUP, CORP
DOCUMENT NUMBER: P090	00028360
The enclosed Articles of Dissolution and	I fee are submitted for filing.
Please return all correspondence concern	ing this matter to the following:
MARI	O ABDOR
(Name o	of Contact Person)
RAB POIN	T GROUP, CORP
(Fi	rm/Company)
6930 N	W 51 STREET
(Address)
MAM	II, FL 33166
(City/S	tate and Zip Code)
For further information concerning this m	natter, please call:
MARIO ABDOR	at (305) 629-8223
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amo	ount:
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



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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: RAB POINT GROUP, CORP		
SECOND:	The document number of the corporation (if known): P0900028360		
THIRD:	The date dissolution was authorized: 09/24/2013		
	Effective date of dissolution <u>if applicable:</u> 09/30/2013 (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. (By a director, posident 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)		
	PAESITENT-		

Filing Fee: \$35