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## **COVER LETTER**

TO: Amendment Section

**Division of Corporations** 

SUBJECT: JOLUTION CORPORATION	<b>N</b>
DOCUMENT NUMBER: P09000063013	
The enclosed Articles of Dissolution and fee are s	ubmitted for filing.
Please return all correspondence concerning this m	atter to the following:
JOSEFINA SA	ANTOS
(Name of Contact	Person)
ACCOUNTAX OFFIC	CE SERVICES
(Firm/Comp	any)
7590 NW 186 STRE	ET STE.206A
(Address)	
MIAMI, FL.	33015
(City/State and Z	
For further information concerning this matter, plea	ase call:
at (Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
(Add	75 Filing Fee & \$\Bigsquare\ \\$52.50 Filing Fee, fied Copy Certificate of Status & certified Copy osed) (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 JOLUTION CORPORATION	f State:	
SECOND:	The document number of the corporation (if known): P09000063013	_	
ГНIRD:	The file date of the articles of incorporation: JULY 24, 2009		
FOURTH:	(CHECK AT LEAST ONE BOX)	SEC	2010
	None of the corporation's shares have been issued.	AHAS	ר ר
	✓ The corporation has not commenced business.	SEE, F	
FIFTH:	No debt of the corporation remains unpaid.	CIR	
SIXTH:	The net assets of the corporation remaining after winding up have been distrib to the shareholders, if shares were issued.	uted	
SEVENTH:	Adoption of Dissolution (CHECK ONE)		
	A majority of the incorporators authorized the dissolution.		
	A majority of the directors authorized the dissolution.		
Sign	(By a director, president or other officer - if directors or officers have not been selected, by an incoming the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)	orporator -	if
	CUIS EDUANDO CHAVEZ DIAZ (Typed or printed name of person signing)		
	(Title of Person Signing)		

Filing Fee: \$35