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Division of Corporations  
Florida Department of State  
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To:

Division of Corporations  
Fax Number : (850) 617-6380

From:

Account Name : KRIGJOENNA SERVICES, INC.  
Account Number : I20080000033  
Phone : (305) 644-3055  
Fax Number : (305) 644-3052

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**DISSOLUTION OR WITHDRAWAL  
INDUSTRIAL SUPPLIERS CANAIMA, INC**

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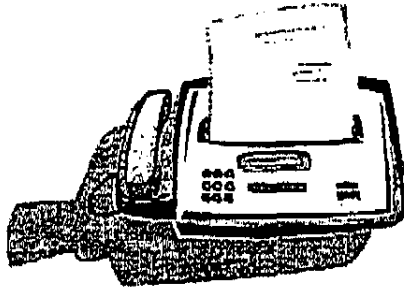
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# KIJOENNA SERVICES, INC



## FACSIMILE TRANSMITTAL SHEET

TO: *Division of Corp.* FROM: *Krisjoenna Svcs.*

Company: *Industrial Suppliers Cancima* DATE: *02/24/2012*

Fax Number: *850 617 6380* Total # of Pages Including Cover: *3*

Phone Number: Sender's Fax Number: *305 644 3052*

RE: *Dissolution*

2141 SW 1<sup>ST</sup> Street Suite 110 Miami, FL 33135  
TEL: (305)644-3055  
FAX: (305)644-3052

## 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  
**INDUSTRIAL SUPPLIERS CANAIMA, INC**

SECOND: The document number of the corporation (if known): **P09000079021**

THIRD: The date dissolution was authorized: **02/24/2012**  
Effective date of dissolution if applicable: \_\_\_\_\_  
(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, 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)

**JONATHAN CARVAJAL**

(Typed or printed name of person signing)

**DIRECTOR**

(Title of person signing)

**Filing Fee: \$35**

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JONATHAN CARVAJAL

(Typed or printed name of person signing)

DIRECTOR

(Title of person signing)

Filing Fee: \$35