P09000086246

(Re	equestor's Name)	
(Ad	ldress)	<u></u>
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE
TALLAHASSEE, FLORID

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COVER LETTER

TO: Amendment Section

Division of Corporations SUBJECT: Dissolve the company DOCUMENT NUMBER: P09000044028 The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Gustavo Serrano (Name of Contact Person) IMMINENT TRADING CORP. (Firm/Company) 1800 west 68 st suite 118 (Address) hialeah,fl 33014 (City/State and Zip Code) For further information concerning this matter, please call: albert corey (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: ✓\$35 Filing Fee ☐\$43.75 Filing Fee & ☐\$43.75 Filing Fee & ☐\$52.50 Filing Fee, Certificate of Status Certificate of Status & Certified Copy (Additional copy is Certified Copy enclosed) (Additional copy is enclosed) **MAILING ADDRESS:** STREET ADDRESS: Amendment Section Amendment Section **Division of Corporations** Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

Pursuant to of dissoluti	section 607.1403, Florida Statutes, this Florida profit corporation submits the Pollowing article on:
FIRST:	The name of the corporation as currently filed with the Florida Department of States
	IMMINENT TRADING CORP.
SECOND:	The document number of the corporation (if known): P0900086246
THIRD:	The date dissolution was authorized: 12/27/2010
	Effective date of dissolution <u>if applicable</u> : 12/27/2010 (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)
	(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.

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the <i>Articles of Dissolution</i> . Description of information that must be included in a claim:
Description of information that must be included in a claim:
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
15051 ROYAL OAKS LANE APT 1204
north miami fl 33181
A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.
Printed-Name of this Person Filing Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00