1000015626

(Requestor's Name)		
(Address)	7001917076	
(Address) (City/State/Zip/Phone #)		
PICK-UP WAIT MAIL	01/25/1101028018	
(Business Entity Name)		
(Document Number) Certified Copies Certificates of Status	JALLAHAS	
Special Instructions to Filing Officer:	J-55/2/40/20	

Office Use Only

1.2611



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**52.50

COVER LETTER

Division of Corporations	
SUBJECT: DISSOLO	tion
DOCUMENT NUMBER:	000015626
The enclosed Articles of Dissolution and fee are subm	itted for filing.
Please return all correspondence concerning this matter	to the following:
(Name of Contact Per	+ Kagan
TRAPHIC =	Tickets R US
(Firm/Company)	idgowood Street
(Address) (City/State and Zip C	Code) 32801
For further information concerning this matter, please c	call:
(Name of Confact Person) at (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
\$35 Filing Fee \$43.75 Filing Fee \$ \$43.75 F Certificate of Status Certified (Addition enclosed)	al copy is Certified Copy
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: US
SECOND:	The document number of the corporation (if known): P1000015626 Inc
THIRD:	The file date of the articles of incorporation: $\frac{2/8}{10}$
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.
Sign	ature: (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) (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.
Name of Corporation: TRAMIC TICKES RUSTAC
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:
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
vialing dual ess where claims can be sent to the Bivision of corporations)
209 Z RIGGENDOOD ST.
ORIANAT C1 32-801
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.
TRacey Kagan AT
Printed Name of the Person Filing Signature of the Person Filing