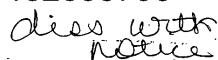
# P10000040468

(Requ	uestor's Name)	
(Addr	ess)	
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(City/	State/Zip/Phon	e #)
PICK-UP	WAIT .	MAIL .
, (Busi	ness Entity Nai	me)
(Docu	ıment Number)	· ·
Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	
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Office Use Only



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6/18/10

#### **COVER LETTER**

-TO: -Amendment Section

Division of Corporations
SUBJECT: Dissolve Corporation
DOCUMENT NUMBER: P1000040468
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Shuky Mor (Name of Contact Person)
Israla Inc (Firm/Company)
5489 Wiles Rd #301 (Address)
Coconut Creek FL 33073 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (S18) 456 9980 (Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$\square \text{\text{\$\square}}\$\$ Filing Fee \text{\text{\$\square}}\$
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

## FILED

## ARTICLES OF DISSOLUTION 2010 JUN 17 PM 4:01

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:
	Israla:com
SECOND:	The document number of the corporation (if known): P10000640468
THIRD:	The file date of the articles of incorporation: May 10, 2010
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

	submitted by the dissolved corporation named below for resolution of payment of unknown claims or or poration as provided in s. 607.1407, F.S.	
This "Notice o	of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.	
Name of Corpo	poration: Igrala.com	
	ution will be the date the dissolution is filed with the Department of State or as an exticles of Dissolution.	
Description of	f information that must be included in a claim:	
	Company has not begun operation	<b>40</b> .
	<u> </u>	
Mailing address	ess where claims can be sent: (Claims cannot be sent to the Division of Corporations)	
•	5489 wiles Rd #301	
	Coconut Creek FL 33073	
,		٠.
A claim agains within 4 years	ist the above named corporation will be barred unless a proceeding to enforce the claim is commenced after the filing of this notice.	
	and all	
<del></del>	Printed Name of the Person Filing  Signature of the Person Filing	

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