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(Requestor's Name)	
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(City/State/Zip/Phone #)	
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**35.00

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: GORFORATION DISSE	Letien
DOCUMENT NUMBER: <u>\$\partial 1000006432</u>	5
The enclosed Articles of Dissolution and fee are submitted	l for filing.
Please return all correspondence concerning this matter to t	the following:
MIGUEL HUERTA (Name of Contact Person)	
(Name of Contact Person)	
MIGNEL HUERTA GORP	
MIGNEL HUERTA GORP (Firm/Company)	
5715 BRITANIA DRIVE	Apt 3172
,	
Orlando, FL 32822 (City/State and 7 in Code	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
MIBUEL HUERTA at (Name of Contact Person) (Are	a Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
\$35 Filing Fee \$\Bigcup \$43.75 Filing Fee & \$\Bigcup \$43.75 Filing Certificate of Status Certified Cop (Additional conclosed)	by Certificate of Status &
MAILING ADDRESS:	STREET ADDRESS:
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle
1 allallassee, 1 12 323 14	AUDI EACORNIA COMO CHOIC

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:	
	MIGUEL HUERTA CORP	
SECOND:	The document number of the corporation (if known): \\ \frac{10000643}{5}	
THIRD:	The file date of the articles of incorporation: $8/5/20/0$	
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.	
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.)		
	Micavel Huerta (Typed or printed name of person signing)	
	RESIDENT (Title of Person Signing)	

Filing Fee: \$35

Notice of Corporate Dissolution

Pu of his 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: MIGNEL HUDRIA CORP
Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution.
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)
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.
Dilevis Chuz 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