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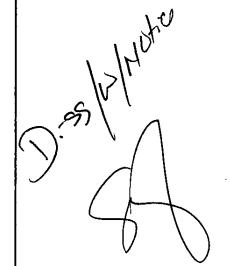
(Re	equestor's Name)	
(Ad	ldress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Document Number)		
Certified Copies	_ Certificate	s of Status
Special Instructions to Filing Officer:		





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SECRETARY OF STATE
TALLAHASSEE, FISTATE

COVER LETTER

TO: Amendment Section

Division of Corporations		
SUBJECT: <u>O'SOWTION</u>	OF CORPORATION	
DOCUMENT NUMBER:		
The enclosed Articles of Dissolution and fee are	submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
UH BUI (Name of Conta	uct Person)	
_		
(Firm/Company)		
12735 Starka KOND (Address) LARGO FL 33773		
(Addres	() ()	
(City/State and	39115	
(City/state and	1 Zip Code)	
For further information concerning this matter, p	lease call:	
(Name of Contact Person)	at (727) SO4-8755 (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:		
(Ac	3.75 Filing Fee & S52.50 Filing Fee, rtified Copy dditional copy is nclosed) S52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)	
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: The name of the corporation as currently filed with the Florida Department of State: FIRST: The document number of the corporation (if known): P. 1000 0081874 SECOND: The file date of the articles of incorporation: THIRD: (CHECK AT LEAST ONE BOX) FOURTH: None of the corporation's shares have been issued. The corporation has not commenced business. FIFTH: No debt of the corporation remains unpaid. The net assets of the corporation remaining after winding up have been distributed SIXTH: to the shareholders, if shares were issued. Adoption of Dissolution (CHECK ONE) SEVENTH: 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.) (Typed or printed name 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 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.

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