## P110000004227

(Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:				
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Requestor's Name)			
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status				
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Address)			
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	<b>,</b>			
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status				
PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Address)			
PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status				
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(City/State/Zip/Phone #)			
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status				
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	PICK-UP WAIT MAIL			
(Document Number)  Certified Copies Certificates of Status				
(Document Number)  Certified Copies Certificates of Status				
Certified Copies Certificates of Status	(Business Entity Name)			
Certified Copies Certificates of Status				
Certified Copies Certificates of Status	(Document Number)			
	,			
Special Instructions to Filing Officer:	Certified Copies Certificates of Status			
Special Instructions to Filing Officer:				
Opecial instructions to 1 ming officer.	Special Instructions to Filing Officer			
	Opecial instructions to 1 lining Officer.			

Office Use Only



600245227516

03/07/13---01027---006 \*\*35.60

SECRETARY OF STATE DIVISION OF CORPORATION 13 MAR -8 PM 2:55

Diss. W/ Notice

MAR 1 2 2013

T DDOWN



**TO:** Amendment Section **Division of Corporations SUBJECT:** Dissolution of Corporation DOCUMENT NUMBER: P11000004227 The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Mustapha Ghrairi (Name of Contact Person) Aladdin Business Group, Inc. (Firm/Company) 5214 Los Palma Vista Dr. (Address) Orlando, FL 32837 (City/State and Zip Code) For further information concerning this matter, please call: at (407 ) 832-3068 (Area Code & Daytime Telephone Number) Mustapha Ghrairi (Name of Contact Person) Enclosed is a check for the following amount: ■ \$35 Filing Fee □ \$43.75 Filing Fee & □ \$43.75 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (Additional copy is Certified Copy enclosed) (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 607.1403, 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:			
	Aladdin Business Group Inc.	_		
SECOND:	The document number of the corporation (if known): P1100000422	7		
THIRD:	The date dissolution was authorized: 02/23/2013			
	Effective date of dissolution <u>if applicable:</u> 02/23/2013  (no more than 90 days after dissolution	file date)		
FOURTH:	Adoption of Dissolution (CHECK ONE)	me date,		
	■ Dissolution was approved by the shareholders. The number of votes cast was sufficient for approval.	for dissolution		
	☐ 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	æ		
		SEC NVISI		
	(voting group)	SECRETAR ISION OF		
		CORF		
	Signature:	FSTATE PORATION		
	(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)	,		
	Mustapha Ghrairi			
	(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.

	poration: Aladdin Business Group Inc.	
	lution will be the date the dissolution is filed with the Department of State or as ne Articles of Dissolution.	
Description of	f information that must be included in a claim:	
<b>100</b> 100 100 100 100 100 100 100 100 100		
Mailing addre	ess where claims can be sent: (Claims cannot be sent to the Division of Corporations)	
	5214 Los Palma Vista Dr	
	Orlando, FL 32837	
	ist the above named corporation will be barred unless a proceeding to enforce the claim is comme after the filing of this notice.	nced

Mustapha Ghrairi

Printed Name of the Person Filing

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

Signature of the Person Plling