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## **COVER LETTER**

TO: Amendment Section Division of Corporations			
SUBJECT: COBACA // IX	SE		
DOCUMENT NUMBER: P/1000023/8	94		
The enclosed Articles of Dissolution and fee are submitted for fi	ling.		
Please return all correspondence concerning this matter to the following	lowing:		
LOURDES JACA	5		
(Name of Contact Person)			
CUBACAIL INC			
(Firm/Company)			
520 W. 66 S1			
Mialaah Address) 3	30/2		
(City/State and Zip Code)			
For further information concerning this matter, please call:			
A OURDES JACAS at 1786)	217-3041		
	e & Daytime Telephone Number)		
Enclosed is a check for the following amount:			
\$35 Filing Fee Sectificate of Status  Certificate of Status  Certified Copy (Additional copy is enclosed)	& \$\square\$ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)		
	REET ADDRESS:		
	mendment Section		
•	vision 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 UBACAI INC	f State:			
SECOND: THIRD:	The document number of the corporation (if known): P1100000  The date dissolution was authorized: 9-30-2014  Effective date of dissolution if applicable: 9-30-2010  (no more than 90 days after dissolution			./ - -	
FOURTH:	Adoption of Dissolution (CHECK ONE)  Dissolution was approved by the shareholders. The number of votes cast was sufficient for approval.	for diss	solutio	on	
	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				
·	(voting group)  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)	TARY OF STATE HASSEE, FLORIDA	N 13 PM 3: 34	AND	
,	(Title of person signing)				

Filing Fee: \$35