

Division of Corporations

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## Florida Department of State

Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6380

From:

Account Name : PAGIO'S & ASSOCIATES, LLC  
Account Number : I20100000043  
Phone : (305) 397-8553  
Fax Number : (305) 397-8521

RECEIVED

13 MAY -2 AM 8:09

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**DISSOLUTION OR WITHDRAWAL  
RALUKA COMPANY**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

13 MAY -2 PM 1:59

FILED

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AIX1

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** RALUKA COMPANY

**DOCUMENT NUMBER:** P11000053556

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

AMANDA SUAREZ

(Name of Contact Person)

RALUKA COMPANY

(Firm/Company)

1251 NW 20TH STREET, APT 717

(Address)

MIAMI, FL 33142

(City/State and Zip Code)

For further information concerning this matter, please call:

AMANDA SUAREZ

(Name of Contact Person)

at (786) 426-7602

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$35 Filing Fee    ☐ \$43.75 Filing Fee & Certificate of Status    ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)    ☐ \$52.50 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

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ATX1

**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:

RALUKA COMPANY

SECOND: The document number of the corporation (if known): P11000053556

THIRD: The date dissolution was authorized: 5/2/2013

Effective date of dissolution if applicable: 5/2/2013

(no more than 90 days after dissolution file date)

FOURTH: Adoption of Dissolution (CHECK ONE)

☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ 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: Amanda Suarez

(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)

AMANDA SUAREZ

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35

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ATX1

**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.

Name of Corporation: RALUKA COMPANY

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)

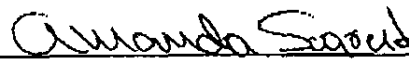
1251 NW 20TH STREET, APT 717

MIAMI, FL 33142

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.

AMANDA SUAREZ

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**