911000092327

(Re	equestor's Name)	
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP	MAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

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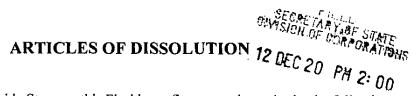
T. ROBERTS

COVER LETTER

TO: Amendment Section

Division of Corporations			
SUBJECT: Dissolution of Corporation			
DOCUMENT NUMBER: P11000092327			
The enclosed Articles of Dissolution and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Constanza Tami			
(Name of Contact Person)			
CLEAR LIFE, CORP			
(Firm/Company)			
2027 NW 180 Avenue			
(Address			
Pembroke Pines, Florida 33029			
(City/State and Zip Code)			
For further information concerning this matter, please call:			
Constanza Tami	at (786) 487-8063		
(Name of Contact Person)	(Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:			
Certificate of Status Cer (Ad	3.75 Filing Fee & \$\simeg\$ \$\\$52.50 Filing Fee, rtified Copy ditional copy is closed) \$\simeg\$ \$\\$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



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: CLEAR LIFE, CORP.		
SECOND:	The document number of the corporation (if known): P11000092327		
THIRD:	The file date of the articles of incorporation: 10/21/2011		
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:			
	Constanza Tami		
	(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.

Name of Corporation: CLEAR LIFE, CORP,	
Date of dissolution will be the date the dissolution is filed with the specified in the <i>Articles of Dissolution</i> .	e Department of State or as
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)
2027 NW 180 Ave.; Pembrok	te Pines, Fl 33029
A claim against the above named corporation will be barred unles within 4 years after the filing of this notice.	s a proceeding to enforce the claim is commenced
	1.1
Constanza Tami Printed Name of the Person Filing	
within 4 years after the filing of this notice.	s a proceeding to enforce the claim is commenced On Stan W Tan (Signature of the Person Filing