## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document,

(((H13000210459 3)))



H130002104593ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

1 (850)617-6380

From:

Account Name

: FONSECA & ASSOCIATES, INC

Account Number : T20100000066

: (786)514-3837

Phone

R. WHITE

SEP 23 2013

Fax Number

: (305)223-1156

## DISSOLUTION OR WITHDRAWAL USA CACHIRI CORP



Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

76

Electronic Filing Menu

Corporate Filing Menu

Help

## H130002104593

## 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:  USA CACHIRI CORP	
SECOND:	The document number of the corporation (if known): P12000035680	
THIRD:	The date dissolution was authorized: 09/09/2013	
	Effective date of dissolution if applicable: (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:	
	Signature:  (By a director, president or other officer - if directors of officers have not been selected, by an incorporator - if in the bands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)	
	HADI EL HALABI	
	(Typed or printed name of person signing)	
	DIRECTOR	
	(Title of person signing)	

Filing Fee: \$35