Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : KRISJOENNA SERVICES, INC.

Account Number : 120080000033

Phone

: (305) 644-3055

Fax Number

: (305)644-3052

DISSOLUTION OR WITHDRAWAL MBA IMPORT & EXPORT INC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$35.00 |

mactive

Electronic Filing Menu

Corporate Filing Menu



COVER LETTER

| TO: Amendment Section | | |
|---|--|--|
| Division of Corporations | • | |
| SUBJECT: MBA IMPORT AND EXPORT IN | rc | |
| DOCUMENT NUMBER: P12000051459 | · | |
| The enclosed Articles of Dissolution and | fee are submitted for filing. | |
| Please return all correspondence concerning | ng this matter to the following: | |
| HAYDEE SUAREZ | | |
| (Name of | Contact Person) | |
| PRESIDENT | | |
| (Fir | m/Company) | |
| 5531 NW 58TH ST | | |
| (A | Address) | |
| DORAL, FL 33178 | • | |
| (City/Str | ate and Zip Code) | |
| For further information concerning this matter, please call: | | |
| HELCI MUNOZ | at (at (| |
| (Name of Contact Person) | (Area Code) (Daytime Telephone Number) | |
| Enclosed is a check for the following amou | unt: | |
| □ \$35 Filing Fee □ \$43.75 Filing Fee & Certificate of Status | S43.75 Filing Fee & S52.50 Filing Fee, Certified Copy (Additional copy is enclosed) S52.50 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

ARTICLES OF DISSOLUTION

| | ARTICLES OF DISSOCUTION TO MAR 28 Days | |
|-------------|--|--|
| Pursuant to | o section 607.1403, Florida Statutes, this Florida profit corporation, submits the following articles ion: | |
| FIRST: | The name of the corporation as currently filed with the Florida Department of State: | |
| 7 | MBA IMPORT AND EXPORT INC | |
| SECOND: | The document number of the corporation (if known): | |
| THIRD: | : The date dissolution was authorized: 03/28/2016 | |
| | Effective date of dissolution if applicable: (no more than 90 days after dissolution file date) | |
| | (no more than 90 days after dissolution file date) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. | |
| 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: Haydle Swarl E (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 count appointed fiduciary, by that fiduciary) | |
| | HAYDEE SUAREZ | |
| | (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

| 1 s optional and is not | equited when thing a voluntary dissolution. |
|--|---|
| Name of Corporation: MBA IMPORT AND EXPORT INC | |
| Date of dissolution will be the date the dissolution is filed with specified in the <i>Articles of Dissolution</i> . | the Department of State or as |
| Description of information that must be included in a claim: | |
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| | |
| Mailing address where claims can be sent: (Claims cannot be s | ent to the Division of Corporations) |
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| | |
| | |
| A claim against the above named corporation will be barred un within 4 years after the filing of this notice. | less a proceeding to enforce the claim is commenced |
| | ./ |
| HAYDEE SUAREZ | Houde Suares |
| Printed Name of the Person Filing | Signature of the Person Filing |