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COVER LETTER

TO: Amendment Section

Division of Corporations
SUBJECT: DISSOLUTION OF CONCENTION
DOCUMENT NUMBER:
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
PAFAEL IGUESIAS (Name of Contact Person)
APOLIAS DEL SUZ INC. (Firm/Company)
177 OCEAN LANE DP # 208 (Address)
KEY BISCAUNE, FL 33149 (City/State and Zip Code)
For further information concerning this matter, please call:
RAFAEL TOLES AS at (305) 984-6354 (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount:
\$35 Filing Fee \$\Bigcup \$43.75 Filing Fee & Certificate of Status \$\Bigcup \$43.75 Filing Fee & Certificate of Status \$\Bigcup \$43.75 Filing Fee & Certificate of Status & Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, Fl. 323142661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

FILED

	ARTICLES OF DISSOLUTION TILED
Pursuant to of dissolution	section 607.1403, Florida Statutes, this Florida profit corporation submits the tollowing particles 58 on: **TALLAHASSEE. FLORIDA**
FIRST:	The name of the corporation as currently filed with the Florida Department of State:
	AROUS DEL SUR, INC
SECOND:	The document number of the corporation (if known):
THIRD:	The date dissolution was authorized: 12/25/12
	Effective date of dissolution if applicable: 12/31/12 (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
	Coul Jesus PRESIDENT
S	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) (By a director, president or other reference 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) (Title of person signing)
	CLINIC DEDICATION SIGNIBLY

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: ARDMS DEL SUR, INC.	
Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the <i>Articles of Dissolution</i> .	
Description of information that must be included in a claim:	
Couply going out OF Business	-
	-
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)	-
177 Ocean LINE DP. #208	
Key Biscayne, 57 33149	
A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commend within 4 years after the filing of this notice.	ed
RAFAEL IGYESIAS Eggel Aleis	_
Drintad Name of the Domon Ciling	

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00