Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6389

From:

Account Name

: JELEN ACCOUNTING SERVICES, INC

Account Number : I20120000052

Phone

: (305)591-9180

Fax Number

: (305)591-9167

DISSOLUTION OR WITHDRAWAL AFUENTES INT. CORP.

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

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Corporate Hiling Menu

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May 20, 2016

FLORIDA DEPARTMENT OF STATE Division of Corporations

AFUENTES INT. CORP. 18782 NW 53 AVE MIAMI, FL 33055

SUBJECT: AFUENTES INT. CORP.

REF: P13000032888

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

IF YOU WISH TO FILE THE NOTICE OF CORPORATE DISSOLUTION, PLEASE COMPLETE THE NOTICE. IF THE NOTICE IS NOT COMPLETED, DO NOT RETURN THE NOTICE.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell Regulatory Specialist III FAX Aud. #: H16000123294 Letter Number: 416A00010787

P.O BOX 6327 - Tallahassee, Florida 32314

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: AFUENTES INT. CORP		
SECOND:	The document number of the corporation (if known):		
THIRD:	The date dissolution was authorized:		
	Effective date of dissolution if applicable: (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: 4 Signature: 4 Signature: 4 Signature: 4 Signature: 4		
I	(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)		
	ADRIANA FUENTES		
•	(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: AFUENTES INT, CORP	D. A. 17 Septem - The Control of the
Date of dissolution will be the date the dissolution is filed wis specified in the Articles of Dissolution.	th the Department of State or as
Description of information that must be included in a claim:	
COMPANY ENDED BUSINESS OPERATIONS	epin to the second of the seco
Mailing address where claims can be sent: (Claims cannot be	
842 NE 209 Street Site 105	
842 Nt 209 Street Suite 105 Miami, FL, 33179	
A claim against the above named corporation will be barred within 4 years after the filing of this notice.	unless a proceeding to enforce the claim is commenced
-	1-X mlx 11
ADRIANA FUENTES	Jun Junes C.
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