## P130000 58098

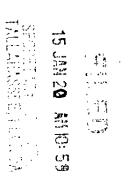
(Requ	estor's Name)					
(Address)						
(Address)						
(City/S	State/Zip/Phon	e #)				
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	Certificate	s of Status				
Special Instructions to Filing Officer:						

Office Use Only



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JAN 23 2014 C. CARROTHERS

## **COVER LETTER**

Division of Corporations	
SUBJECT: ARTICLES of Dis	so Lu Jion
DOCUMENT NUMBER: P13000	00 58098
The enclosed Articles of Dissolution and fee	are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Maria Estrada (Name of C  AQUOS Wholesale (Firm)	
(Name of C	ontact Person)
AQUOS Wholesale	Coep.
(Firm/	Company)
13992 Sw. 139 Th	
(Firm)  13992 Sw. 139th  (Add  14iani, fl. 33/6	
(City/State	and Zip Code)
For further information concerning this matter	er, please call:
HARIA ESTRADA	at ( <u>786</u> ) <u>899-2680</u>
/ (Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount	::
\$35 Filing Fee \$\square\$ \$43.75 Filing Fee & Certificate of Status	□ \$43.75 Filing Fee & □ \$52.50 Filing Fee, Certified Copy (Additional copy is enclosed)  □ \$52.50 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

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:					
	ADUOS Wholesale Coep.					
SECOND:	The document number of the corporation (if known): P1300005809	8				
THIRD:	The date dissolution was authorized: 12/31/2014					
	Effective date of dissolution if applicable: 12/31/2014  (no more than 90 days after dissolution fi	le date)				
FOURTH:	Adoption of Dissolution (CHECK ONE)					
	Dissolution was approved by the shareholders. The number of votes cast for was sufficient for approval.	or diss	olution			
	☐ Dissolution was approved by the shareholders through voting groups.					
	The following statement must be separately provided for each voting group ent to vote separately on the plan to dissolve:	titled				
	The number of votes cast for dissolution was sufficient for approval by					
	HARIA Estanda					
:	Signature:  (By a director, president or other officer - if directors or officers have not been selected, by an accorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)	5 JAN 20 85 IO: 59				
	HARIA ESTRADA					
	(Typed or printed name of person signing)  PresidenT  (Title of person signing)					
	() me or berout arbungl					

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 " <i>Notice of C</i> o	orporate Dissolution"	is optional and is no	t required when fil	ing a voluntary dissol	ution.
Name of Corporat	tion: AQUIS	Wholesafe	Composati	ion	
	n will be the date the crticles of Dissolution.	lissolution is filed wi	th the Department	of State or as	
Description of info	formation that must be	included in a claim:			
Dissolu	fion due 7 funity.	to pursue	of wea	u business	i
_ opport	am ig -				
				<u> </u>	
-	vhere claims can be se		_	•	
_	13992 Hioni,	Sh. 38186	,		
_					
-	ne above named corporer the filing of this not		unless a proceedin	g to enforce the claim	i is commenced
Magia,	K5 Teada			ment tide	1
/	Printed Name of the Perso	n Filing	Si	gnature of the Person Filin	g

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