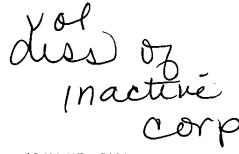
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(Re	equestor's Name)	
(Ac	ldress)	
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PICK-UP	☐ WAIT	MAIL MAIL
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(Document Number)		
Certified Copies	_ Certificates	of Status
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A RAMSEY

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

	ECRET SERVICES.C		
DOCUMENT NUMBI	ER: P13000085715		
The enclosed Articles of	f Dissolution and	fee are submitted for filir	ag.
Please return all corresp	ondence concernir	ng this matter to the follow	wing:
Alba Marcela Vega			
	(Name of	Contact Person)	
ANGEL'S SECRET SERVI	•	ŕ	
	(Fir	m/Company)	
2049 Island Circle	••		
· · · · · · · · · · · · · · · · · · ·	(/	Address)	
Weston, Florida 33326			
	(City/St	ate and Zip Code)	<u> </u>
For further information	concerning this ma	atter, please call:	
Alba Marcela Vega		at ((561) 856-0696	
(Name of Cor	ntact Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for t	the following amou	unt:	
		□ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
MAILING ADDI Amendment Sec Division of Corp P.O. Box 6327	tion	Ame Divi	EET ADDRESS: Indment Section Sion of Corporations on 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:	SECRETARY OF STATE TALLAHASSEE, FLORIDA The name of the corporation as currently filed with the Florida Department of State:			
	ANGEL'S SECRET SERVICES CORP			
SECOND:				
THIRD:	The date dissolution was authorized: November 1, 2015			
	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: Aleleoco/s44			
	(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)			
	Alba Marcela Vega			
	(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: _____ANGEL'S SECRET SERVICES CORP. Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution. Description of information that must be included in a claim: Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 2049 Island Circle; Weston, Florida 33326 A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

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

Alba Marcela Vega

Printed Name of the Person Filing