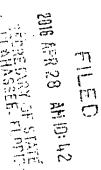
## P13000098612

| (Pe                     | questor's Name)   |               |
|-------------------------|-------------------|---------------|
| (ive                    | questor s Marrie) |               |
|                         |                   |               |
| (Ad                     | dress)            |               |
|                         |                   |               |
| (Ad                     | ldress)           |               |
|                         |                   |               |
| (Cit                    | y/State/Zip/Phone | <del>#)</del> |
|                         |                   |               |
| PICK-UP                 |                   | MAIL          |
|                         |                   |               |
|                         |                   |               |
| (Bu                     | siness Entity Nam | ie)           |
|                         |                   |               |
| (Do                     | cument Number)    |               |
|                         |                   |               |
| Certified Copies        | _ Certificates    | of Status     |
|                         |                   |               |
|                         |                   |               |
| Special Instructions to | Filing Officer:   |               |
| ]                       |                   |               |
|                         |                   |               |
| •                       |                   |               |
|                         |                   |               |
|                         |                   |               |
|                         | •                 |               |
|                         | ·                 |               |

Office Use Only



04/28/16--01005--010 \*\*35.00



1/201

## **COVER LETTER**

TO: Amendment Section

**Division of Corporations** 

| SUBJEC'                                                                                         | T:                          | DOLCI UNI                                                                                                | TED CC       | RP.              |                                                                                            |     |
|-------------------------------------------------------------------------------------------------|-----------------------------|----------------------------------------------------------------------------------------------------------|--------------|------------------|--------------------------------------------------------------------------------------------|-----|
|                                                                                                 |                             |                                                                                                          |              |                  |                                                                                            |     |
| DOCUM                                                                                           | ENT NUMBER:                 | P130000                                                                                                  | 098612       |                  |                                                                                            |     |
| The enclo                                                                                       | sed <b>Articles of Di</b> s | solution and f                                                                                           | ee are sub   | nitted for filir | ıg.                                                                                        |     |
| Please ret                                                                                      | urn all corresponde         | nce concerning                                                                                           | g this matt  | er to the follow | wing:                                                                                      |     |
|                                                                                                 |                             | JUANA                                                                                                    | GUER         | RERO             |                                                                                            |     |
|                                                                                                 |                             | (Name of                                                                                                 | Contact Pe   | erson)           |                                                                                            |     |
|                                                                                                 |                             | (Firm                                                                                                    | n/Compan     | y)               |                                                                                            |     |
|                                                                                                 | 22                          | 70 SW 147                                                                                                | Ct           |                  |                                                                                            |     |
|                                                                                                 |                             | (Ac                                                                                                      | ddress)      |                  |                                                                                            |     |
|                                                                                                 | Mi                          | ami, Flori                                                                                               | ida 331      | 85               |                                                                                            |     |
|                                                                                                 |                             |                                                                                                          | te and Zip   |                  |                                                                                            |     |
| For furthe                                                                                      | er information conc         | erning this mat                                                                                          | tter, please | call:            |                                                                                            |     |
| JUANA                                                                                           | Guerrero                    |                                                                                                          | at (_        | 786              | 299-6758<br>(Daytime Telephone Numb                                                        |     |
|                                                                                                 | (Name of Contact            | Person)                                                                                                  |              | (Area Code)      | (Daytime Telephone Numb                                                                    | er) |
|                                                                                                 | is a check for the f        |                                                                                                          |              |                  |                                                                                            |     |
| \$35 Fil                                                                                        | ling Fee 343.75<br>Certific | Filing Fee & cate of Status                                                                              | Certific     | onal copy        | □ \$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:                                                                                                                                                                         |  |  |  |  |
|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
|         | DOLCI UNITED CORP                                                                                                                                                                                                                                            |  |  |  |  |
| SECOND: | The document number of the corporation (if known): P13000098612                                                                                                                                                                                              |  |  |  |  |
| THIRD:  | The date dissolution was authorized: December 31st, 2015                                                                                                                                                                                                     |  |  |  |  |
|         | Effective date of dissolution if applicable: December 31st, 2015                                                                                                                                                                                             |  |  |  |  |
|         | (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)                                                                                                                                                                                                                          |  |  |  |  |
|         | <b>Ex</b> 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)                                                                                                                                                                      |  |  |  |  |
|         | (voting group)                                                                                                                                                                                                                                               |  |  |  |  |
|         | 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)                                            |  |  |  |  |
|         | JUANA GUERRERO (Typed or printed name of person signing)                                                                                                                                                                                                     |  |  |  |  |
|         | President                                                                                                                                                                                                                                                    |  |  |  |  |
|         | (Title of person signing)                                                                                                                                                                                                                                    |  |  |  |  |