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COVER LETTER

TO: Amendment Section Division of Corporations DISSOLUTION OF A CORPORATION SUBJECT: P15000011686 **DOCUMENT NUMBER:** The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: SALVADOR I DIPP (Name of Contact Person) MLP FINANCIAL GROUP, INC (Firm/Company) 4005 NW 114th AVE., SUITE 5 (Address) DORAL, FL 33178 (City/State and Zip Code) For further information concerning this matter, please call: SALVADOR I DIPP (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed is a check for the following amount: ■ \$35 Filing Fee □ \$43.75 Filing Fee & □ \$43.75 Filing Fee, Certificate of Status Certificate of Status & Certified Copy (Additional copy is Certified Copy enclosed) (Additional copy is enclosed) MAILING ADDRESS: **STREET ADDRESS:** Amendment Section Amendment Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, 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: THE SILVERADO 2015, INC.	
SECOND:	The document number of the corporation (if known):	
THIRD:	The file date of the articles of incorporation:	
FOURTH:	(CHECK AT LEAST ONE BOX)	
	None of the corporation's shares have been issued.	
	The corporation has not commenced business.	
FIFTH:	No debt of the corporation remains unpaid.	
SIXTH:	The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.	16 MAR 15 PM 7: 3L
SEVENTH	: Adoption of Dissolution (CHECK ONE)	ਹ ਹ
	A majority of the incorporators authorized the dissolution.	י א י
	A majority of the directors authorized the dissolution.	ř
D:		
Sigi	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.)	_
	JULIO A RINCON	
	(Typed or printed name of person signing)	
	PRESIDENT DIRECTOR (Title of Person Signing)	
	(title of t clout sighing)	

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. THE SILVERADO 2015, INC Name of Corporation: 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: **UNKNOWN CLAIMS** Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 4005 NW 114th AVE., SUITE 5 DORAL, FL 33178 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. JULIO A RINCON Printed Name of the Person Filing

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