P15000137112

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TALLAHASSY PERSIALE

FEB 01 2016

K. WHILE

COVER LETTER

TO: Amendment Section Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

SUBJECT:	Karina Motel Inc
SUBJECT:	
DOCUMENT NUMBER:	P15000013742
The enclosed Articles of Disso	plution and fee are submitted for filing.
Please return all correspondence	ee concerning this matter to the following:
	Juan Osorio
	(Name of Contact Person)
	(Firm/Company)
	3173 SW 2nd Street
	(Address)
	Miami, FL 33135
	(City/State and Zip Code)
For further information concern	ning this matter, please call:
Santiago Molina	at (786) 704-7728
(Name of Contact Pe	erson) (Area Code & Daytime Telephone Number)
Enclosed is a check for the foll	owing amount:
□ \$35 Filing Fee □ \$43.75 Filing Fee Certificate	iling Fee & \$\superscript{\text{\$\subseteq}}\$\$\$ \$\superscript{\text{\$\subseteq}}\$\$\$ \$
MAILING ADDRESS: Amendment Section	STREET ADDRESS: Amendment Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

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 Stat	e:	
	Karina Motel Inc	···			
SECOND:	The document number of the corporation (if known):_	P15000013742			
ΓHIRD:	The date dissolution was authorized:	November 20,	2015		
	Effective date of dissolution if applicable:	December 31,			
FOURTH:		·		ŕ	tion
	☐ Dissolution was approved by the shareholders through	ugh voting groups.			
	The following statement must be separately provided for to vote separately on the plan to dissolve:	or each voting group	entitle	d	
	The number of votes cast for dissolution was sufficient	for approval by	SECRETAIN TALLAHASS	16 JAN 29	Stary of the Start
	(voting group)		Y SF STATE HE FLORIDA	PH 6: 15	
;	Signature: KARI				
	(By a director, president or other officer - if directors or officers an incorporator - if in the hands of a receiver, trustee, or other control that fiduciary)				
	Juan Osorio				
	(Typed or printed name of person signing)				
	President				
	(Title of person signing)				

Filing Fee: \$35