

(Re	equestor's Name)	
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(Ci	ty/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL.
(Bu	usiness Entity Na	me)
(Do	ocument Number))
Certified Copies	Certificate:	s of Status
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04/04/16--01012--005 **35.00

APR 06 2016

R. WHITE

COVER LETTER

TO: Amendment Section

Division of Corporations
SUBJECT: Logan Harlem Inc Dissolution
DOCUMENT NUMBER: 715 0000 22523
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Dense Flores (Name of Contact Person) Logan Harlem Inc (Firm/Company) 1250 NW 79th Street Apt 304 (Address) Mami FL 33147
(City/State and Zip Code)
For further information concerning this matter, please call:
Dense Flores (Name of Contact Person) at (365) 113 9687 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$\to\$ \$43.75 Filing Fee & Certificate of Status \$\to\$ Certified Copy (Additional copy is enclosed) \$\text{Certified Copy is enclosed}\$
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 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:		
	Logan Harlem Inc		
SECOND:	Logan Harlem Inc The document number of the corporation (if known): P15010022523		
THIRD:	The file date of the articles of incorporation:		
FOURTH:	(CHECK AT LEAST ONE BOX)		
	one 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.			
SEVENTH:	Adoption of Dissolution (CHECK ONE)		
	majority of the incorporators authorized the dissolution.		
	A majority of the incorporators authorized the dissolution. A majority of the directors authorized the dissolution.		
Sign	ature:		
	(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 courtappointed fiduciary, by that fiduciary.)		
	Denise Flores		
	(Typed or printed name of person signing)		
	(Title of Person Signing)		
	(Title of Feison 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: 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: Attached document Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 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. Printed Name of the Person Filing Signature of the Person Filing

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