P/5000024216

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| (Reque | estor's Name) | |
| (Addre | ss) | |
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| (City/S | tate/Zip/Phon | e #) |
| PICK-UP | WAIT | MAIL |
| (Busin | ess Entity Na | me) |
| | | |
| (Docu | ment Number) | 1 |
| Certified Copies | Certificate | s of Status |
| Special Instructions to Fili | ng Officer: | |
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FLORIDA DEPARTMENT OF STATE Division of Corporations

December 10, 2015

LUIS F. QUINONES ONE FOR ALL DISTRIBUTORS CORP 3399 NW 72 AVE., SUITE 109 MIAMI, FL 33122

SUBJECT: ONE FOR ALL DISTRIBUTORS CORP

Ref. Number: P15000024216

We have received your document for ONE FOR ALL DISTRIBUTORS CORP, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

The fee to file articles of amendment is \$35. Certified copies are optional and are \$8.75 for the first 8 pages of the document, and \$1 for each additional page, not to exceed \$52.50.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell Regulatory Specialist III

Letter Number: 315A00025929



COVER LETTER

TO: Amendment Section Division of Corporations

| SUBJECT: ONE FOR ALL DISTRIBUTOR | S CORP |
|---|---|
| DOCUMENT NUMBER: P15000024216 | |
| The enclosed Articles of Dissolution and | fee are submitted for filing. |
| Please return all correspondence concernie | ng this matter to the following: |
| LUIS F QUINONES | |
| (Name of | Contact Person) |
| ONE FOR ALL DISTRIBUTORS CORP | |
| (Fir | rm/Company) |
| 3399 NW 72 AVENUE, SUITE 109 | |
| (/ | Address) |
| MIAMI, FL 33122 | |
| (City/St | ate and Zip Code) |
| For further information concerning this ma | atter, please call: |
| LUIS F QUINONES | at (305 |
| (Name of Contact Person) | (Area Code & Daytime Telephone Number) |
| Enclosed is a check for the following amo | unt: |
| | □ \$43.75 Filing Fee & □ \$52.50 Filing Fee, Certified Copy (Additional copy is enclosed) □ \$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 607.1401, 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: ONE FOR ALL DISTRIBUTORS CORP | |
|----------|--|----------------|
| SECOND: | The document number of the corporation (if known): | |
| THIRD: | The file date of the articles of incorporation: 03/13/2015 | |
| 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. | - |
| SEVENTH: | : Adoption of Dissolution (CHECK ONE) | 75 |
| | A majority of the incorporators authorized the dissolution. | |
| | A majority of the directors authorized the dissolution. | |
| Sign | nature: (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.) | |
| | (Typed or printed name of person signing) | |
| | INCORPORATOR / PRESIDENT | |
| | (Title of Person Signing) | |