	(Requestor's Name)	
	(Address)	
	(Address)	· .
	(City/State/Zip/Phone #)	
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	(Business Entity Name)	
(Document Number)		
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Special Instructions	s to Filing Officer.	
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DEC 1 6 2016 **I ALBRITTON**

COVER LETTER

TO: Amendment Section Division of Corporations	
	Dissolution
DOCUMENT NUMBER:	
The enclosed Articles of Dissolution and fee are	submitted for filing.
Please return all correspondence concerning this n	natter to the following:
Oemifer E. (Name of Contact	Saldano-Herradea t Person)
(Firm/Com 800 NW 141 AVI (Address) Pembrolo-Pive STL (City/State and	nuc, Apt 101 33028
For further information concerning this matter, ple	ease call:
Jennifer S. Hernanda (Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount:	
Certificate of Status Cer (Add	3.75 Filing Fee & \$\square\$ \$\$52.50 Filing Fee, tified Copy ditional copy is closed) \$\$\$\$(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 | 12/31



Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

The name of the corporation as currently filed with the Florida Department of State:
Jesaldona heal Estate The
The document number of the corporation (if known): P1500039265
The date dissolution was authorized:
Effective date of dissolution if applicable: 12 31 16 (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.
Adoption of Dissolution (CHECK ONE)
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)
NAME OF THE PARTY
(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
ennifer Saldana-Hernandle
(Typed or printed name of person signing)
/ _ 1