

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	cy/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Naı	me)
(Document Number)		
Certified Copies	_ Certificate:	s of Status
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SECRETARY OF STATE
ALLAHASSEE FLORED

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COVER LETTER

TO: Amendment Section		×
Division of Corpora	itions	
SUBJECT: MUMA TRUCK INC	2	
DOCUMENT NUMBER: P1	15000093548	·
The enclosed Articles of Disso	olution and fee are submitted for filing	g.
Please return all correspondence	ce concerning this matter to the follow	ving:
ALBERTO NOGUEL		
	(Name of Contact Person)	,
MUMA TRUCK INC		PS 5
	(Firm/Company)	
8975 NW 114 ST		ASSET ON IT
	(Address)	20. 6.
HIALEAH GARDENS, FL 33018		27
	(City/State and Zip Code)	
For further information concern	ning this matter, please call:	
ALBERTO NOGUEL	at (⁷⁸⁶	709-3930
(Name of Contact Pe		(Daytime Telephone Number)
Enclosed is a check for the following	lowing amount:	
\$35 Filing Fee \$43.75 File Certificate	iling 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 Corporation P.O. Box 6327 Tallahassee, FL 32314	Ame Ons Divis Clifte 2661	EET ADDRESS: ndment Section sion of Corporations on Building Executive Center Circle shassee, FL 32301

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 State: MUMA TRUCK INC			
SECOND:	The document number of the corporation (if known):			
THIRD:	The date dissolution was authorized:			
	Effective date of dissolution if applicable: 07/21/2016			
	(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.			
FOURTH:	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 entitles to vote separately on the plan to dissolve:			
	The number of votes cast for dissolution was sufficient for approval by			
	(voting group)			
	Signature: (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)			
	ALBERTO NOGUEL			
	(Typed or printed name of person signing)			
	PRESIDENT			
	(Title of person 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 value of the articles of Dissolution.	with the Department of State or as
Description of information that must be included in a claim	:
NONE	
	SEC:
	EE 2
	To p M
Mailing address where claims can be sent: (Claims cannot	and the second s
8975 NW 114 ST HIALEAH GARDENS, FL 33018	2
A claim against the above named corporation will be barre within 4 years after the filing of this notice.	d unless a proceeding to enforce the claim is commenced
	~ 111
Alberto Noguel	allt my
Printed Name of the Person Filing	Signature of the Person Filing