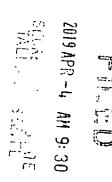
# P1600000 4092

(Re	equestor's Name)
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(Cri	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	isiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
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R. WHITE APR 1 3 2013

#### **COVER LETTER**

**TO:** Amendment Section

**Division of Corporations** SUBJECT: DISSOLUTION OF COMPANY DOCUMENT NUMBER: P16000004092 The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: DANIEL ARUCA (Name of Contact Person) ARUCA FINANCIAL (Firm/Company) 6400 SW 124th Street (Address) Miami, FL 33156 (City/State and Zip Code) For further information concerning this matter, please call: Daniel Aruca (Area Code) (Daytime Telephone Number) (Name of Contact Person) Enclosed is a check for the following amount: ■ \$35 Filing Fee □ \$43.75 Filing Fee & □ \$43.75 Filing Fee & □ \$52.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (Additional copy is Certified Copy (Additional copy is enclosed) enclosed) **MAILING ADDRESS:** STREET ADDRESS: Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, 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: ARUCA FINANCIAL, INC.		
SECOND:	The document number of the corporation (if known):  P16000004092		
THIRD:	The date dissolution was authorized:	_	
mikb.	Effective date of dissolution if applicable:  (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 not be listed as the document's effective date on the Department of State's records.	— — e will	
FOURTH:	Adoption of Dissolution (CHECK ONE)		
	Dissolution was approved by the shareholders. The number of votes cast for dissolu was sufficient for approval.	tion	
	Dissolution was approved by the shareholders through voting groups.		
to The	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		
	DANIEL ARUCA (100%) / ARUCA FINANCIAL	era era	
	(voting group)	<u> </u>	
	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)  DANIEL ARUCA		
	(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: ARUCA FINANCIAL, INC. 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: No claims have been made against the company at the time of dissolution. Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 6400 Chapman Field Drive Pinecrest, FL 33156 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. DANIEL ARUCA Signature of the Verson Filing Printed Name of the Person Filing

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