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To:

Division of Corporations

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: (850)617-6380

From:

Account Name : GFS TAX & ACCOUNTING SERVICES

Account Number : I2014000089
Phone : (754)301-2128
Fax Number : (954)252-4650

DISSOLUTION OR WITHDRAWAL MASTER BOON CORPORATION

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COVER LETTER

Division	of Corporations		
SUBJECT: MAST	ER BOON CORPORATION		
DOCUMENT NU	MBER: P16000081576		
The enclosed Arti	cles of Dissolution and f	ee are submitted for filing	
Please return all co	orrespondence concernia	g this matter to the follow	ing:
JULIANÁ MACHAD	OO,CPA		
	(Name of	Contact Person)	
GFS TAX & ACCOU	INTING SERVICES		
	(Firm	n/Company)	
2001 W CYPRESS C	REEK RD STE 102B		
	· (A	ddress)	
FORT LAUDERDAL	.E. FL 33309		
	(City/Sta	te and Zip Code)	
For further inform	ation concerning this ma	tter, please call:	
JUDIANA MACHAE	OO,CPA	754-301-2128 at (
(Name)	of Contact Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a chec	k for the following amou	nt:	
□ \$35 Filing Fee	☐ \$43.75 Filing Fee & Centificate of Status	☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee, Centificate of Status & Centified Copy (Additional copy is enclosed)
Mailian Addro		Company	Addmag.

Mailing Address:

Amendment Section Division of Corporations P.O. Box 6327 Tallahussee, FL 32314

TO: Amendment Section

Street Address: Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

H200003476243

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: MASTER BOON CORPORATION			
SECOND:	The document number of the corporation (if known):			
THIRD:	The date dissolution was authorized:			
	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 will not be listed as the document's effective date on the Department of State's records.			
FOURTH:	Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.			
	Signature: (By Aliregior, president or other officer - if directors or officers have not been selected, by an incorporator—) in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)			
	JULIANA T MOREIRA			
	(Typed or printed name of nerson signing)			
	PRESIDENT			
	Citie of agrees signing)			

Filing Fee: \$35