

(Requestor's Name)	
(Address)	
(41)	
(Address)	
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
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Special Instructions to Filing Officer:	

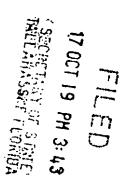
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COVER LETTER

Division of Corporations	
SUBJECT: DISSOLUTION OF	A CORPORATION
DOCUMENT NUMBER: 71700002	24307
The enclosed Articles of Dissolution and fee a	are submitted for filing.
Please return all correspondence concerning th	is matter to the following:
WAGNER (Name of Cor	MANIGAT
	SHIPPING INC
3032 NW NORTH R	RIVER DR
Mian.	51 33147
(City/State a	「 <u> </u>
For further information concerning this matter.	please call:
NAGNER MANIGAT (Name of Contact Person)	at (954) 684-2447 (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount:	
Certificate of Status	\$43.75 Filing Fee & S52.50 Filing Fee, 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 607.1403, 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:
	GAMAEL SHIPPING INC
SECOND:	The document number of the corporation (if known): $P17000024307$
THIRD:	The date dissolution was authorized: 09-16-17
	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:	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
	MAGNER MANIGATAND ANIONY MANIGATE (voting group)
	Signature: (By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the bands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)
	(Typed or printed name of person signing)
	(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: CTAMAE SHIPPING INC.
Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the <i>Articles of Dissolution</i> .
Description of information that must be included in a claim:
Lost mone-1. I Do not have
Brought money for To Keep up With that business.
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
445 SUNSHINE DR COCONUT CREEK, FL 33066
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.
WAGNET MANIGAT WAS BER MANIGAT Printed Name of the Person Filing Signature of the Person Filing