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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer:
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SEP 1 3 2017 ALBRITTON

E Contra de	
· .	COVER LETTER
TO: Amendment Section Division of Corporati	ions
SUBJECT: NORTH AMERICA T	RADING GROUP CORP I
DOCUMENT NUMBER:	000038835
The enclosed Articles of Dissol	ution and fee are submitted for filing.
Please return all correspondence	concerning this matter to the following:
MARIO OQUENDO	
NORTH AMERICA TRADING GRO	(Name of Contact Person) UP CORP I
13515 SW 119 STREET	(Firm/Company)
MIAMI FL 33186	(Address)
	(City/State and Zip Code)
For further information concerning	ng this matter, please call:
MARIO OQUENDO	at $(^{(786) 339-2000})$
(Name of Contact Pers	
Enclosed is a check for the follow	ll. wing amount:
\$35 Filing Fee D \$43.75 Filing Fee Certificate Cert	
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

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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:

SECOND: The document number of the corporation (if known):_____

THIRD: The date dissolution was authorized: _____

Effective date of dissolution <u>if applicable</u>: $\frac{08/31/2017}{2}$

(no more than 90 days after dissolution file date) <u>Note:</u> 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.
 - \Box 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

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	(voting group)		SEP	<u> </u>
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Signature: /		1		
that fiduciary)				
(Type	d'or printed name of person signing)			
PRESIDENT				
	(Title of person signing)			