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(Re	equestor's Name)	
(Ac	ddress)	=
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(Ci	ty/State/Zip/Phone	; #)
PICK-UP	MAIT	MAIL
(Bi	usiness Entity Nan	ne)
	ocument Number)	<u></u>
Certified Copies	Certificates	of Status
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COVER LETTER

TO: Amendment Section
Division of Corporations
SUBJECT: Dissolution of our business
DOCUMENT NUMBER: 62-8017471970-2
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
(Name of Contact Person)
(Name of Contact Person)
Crobs Usa Inc (Firm/Company)
(Firm/Company)
5575 Gulf Blvd Apt 125 (Address)
St Pete Beach, FL 3370L-2337 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
Vame of Contact Person) at (561) 451-7991 (Name of Contact Person) (Area Code) (Daytime Telephone Number
(Name of Contact Person) (Area Code) (Daytime Telephone Number
Enclosed is a check for the following amount:
\$35 Filing Fee \$\to\$ \$43.75 Filing Fee & \$\to\$ \$43.75 Filing Fee & Certificate of Status & Certified Copy (Additional copy is enclosed) \$\text{Certified Copy} (Additional copy is enclosed)
MAILING ADDRESS: Amendment Section STREET ADDRESS: Amendment Section
Division of Corporations Amendment Section Division of Corporations
P.O. Box 6327 Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

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:		
	Crabs USA Inc		
SECOND:	The document number of the corporation (if known): 62 - 8017471970 - 2		
THIRD:	The date dissolution was authorized: 1014.30, 2019		
	Effective date of dissolution if applicable: \\ \Ju \ \Ju \ \ \Ju \\ \J		
	(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.		
	\square Dissolution was approved by the shareholders through voting groups. \square		
	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		
	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)		
	(Typed or printed name of person signing) Nacon Brady		
	Co-owner Co-owner.		
	(Title of person signing)		