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## **COVER LETTER**

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations SUMI TRANSPORT BEST CORP SUBJECT: DOCUMENT NUMBER: The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: SUMI TRANSPORT BEST CORP (Name of Contact Person) MIRIAM ZUNIGA (Firm/Company) 6905 NW 173 ROAD (Address) HIALEAH FL 33015 (City/State and Zip Code) For further information concerning this matter, please call: MIRIAM ZUNIGA (Area Code) (Daytime Telephone Number) (Name of Contact Person) Enclosed is a check for the following amount: 💢 \$3\$ 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 enclosed) (Additional copy is enclosed) Mailing Address: Street Address: Amendment Section Amendment Section **Division of Corporations** Division of Corporations P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF DISSOLUTION JULY 1 411 9: 40

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: SUMI TRANSPORT BEST CORP
SECOND:	The document number of the corporation (if known):
THIRD:	The date dissolution was authorized: 06/08/2020
	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 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)
	MIRIAM ZUNIGA
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person cigning)

Filing Fee: \$35