## P95000048/97

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SECRETARY OF STATE

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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: CORPOYATION Surline Realford Su
DOCUMENT NUMBER: \$\overline{95000048197}
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)
Sunliner Kealty group Inc
461 AIA Reach North
(Address)  Start 11 3280  (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (964) 669 1207 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee
MAILING ADDRESS:  Amendment Section  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314  MAILING ADDRESS:  Amendment Section  Division of Corporations  Clifton Building  2661 Executive Center Circle

## ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, 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:					
	Sunlinea Kealty group			<u>.                                    </u>		
SECOND:	The document number of the corporation (if known):	10 è	10/	219r	j	
THIRD:	The file date of the articles of incorporation:		Dis	olved	ر' ا	
FOURTH:	(CHECK AT LEAST ONE BOX)			JAM	13,20	
	None of the corporation's shares have been issued.	; ; ;				
	☐ The corporation has not commenced business.					
FIFTH:	No debt of the corporation remains unpaid.					
SIXTH:	The net assets of the corporation remaining after winding up have been to the shareholders, if shares were issued.	: en distr	ibuted			
SEVENTH:	Adoption of Dissolution (CHECK ONE)	!				
	A majority of the incorporators authorized the dissolution	! !•				
	☐ A majority of the directors authorized the dissolution.			,		
Signa	(By a director, president or other officer - if directors of officers have not been selecte in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary  (Typed or printed name of person signing)	SECRETARY DE STATE	1988 FEB 21	or it.	· 	

Filing Fee: \$35