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To:

Division of Corporations

Pax Number : (850)617-6380

From:

Account Name · : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number: 110432003053
Phone: (561)694-8107

Fax Number : (561)694-1639

## DISSOLUTION OR WITHDRAWAL ETOURANDTRAVEL, INC.

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Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

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T. LEMISUX

12/15/17, 11:21AM

## 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:  ETOURANDTRAVEL, INC.		
SECOND:	The document number of the corporation (if known):		
THIRD:	The date dissolution was authorized:		
	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:		
	(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)		
	Carlos M Alvarez		
	(Typed or printed name of person signing)		
	Attorney in Fact		
	(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:
Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution.
Description of information that must be included in a claim:
<del> </del>
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
ATTEN: LEGAL DEPT
ONE VANCE GAP ROAD
ASHEVILLE, NC 28805
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.
Carlos M Alvarez, Attorney in Fact
Printed Name of the Person Filing  Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00