P96000065959

| (Requestor's Name) | |
|---|-------------|
| (· · · · · · · · · · · · · · · · · · · | |
| (Address) | |
| | |
| (Address) | |
| (City/State/Zip/Phone #) | |
| (, | |
| PICK-UP WAIT | MAIL |
| | |
| (Business Entity Name) | |
| | |
| (Document Number) | |
| Codificate #50 | W -1 |
| Certified Copies Certificates of S | tatus |
| Special instructions to Filing Officer: | |
| Special instructions to Fling Onices. | |
| | } |
| | 1 |
| | |
| | ļ |
| | |
| | |

Office Use Only



200059113162

09/05/05/01/118 -025 **35.00



Volum. Disr. W/ Notice 09/18/10 De

COVERLETTER

| Division of Corporations | | | | |
|---|--|--|--|--|
| SUBJECT: DISSOLUTIO | N OF CORPORATION | | | |
| DOCUMENT NUMBER: P9600 | 00065959 | | | |
| The enclosed Articles of Dissolution and fo | ce are submitted for filing. | | | |
| Please return all correspondence concerning | this matter to the following: | | | |
| Josef MART | 1N | | | |
| | | | | |
| OUR LADO CARMEN ACLF, INC (Name of Firm/Company) | | | | |
| (Name of Firm/Company) | | | | |
| 2218 SW 26 | LN ddress) | | | |
| (Ac | ddress) | | | |
| MIAMI, F. 33133 (City/State/and Zip Code) | | | | |
| (City/Sta | te/and Zip Code) | | | |
| For further information concerning this mat | | | | |
| Jose L MARTIN (Name of Person) | at () (Area Code & Daytime Telephone Number) | | | |
| Enclosed is a check for the following amou | | | | |
| \$35 Filing Fee \$\bigcip\$43.75 Filing Fee & Certificate of Status | S43.75 Filing Fee & S52.50 Filing Fee, Certified Copy (Additional copy is enclosed) S52.50 Filing Fee, Certified Copy (Additional copy is enclosed) | | | |
| MAILING ADDRESS: | STREET ADDRESS: | | | |
| Amendment Section | Amendment Section | | | |
| Division of Corporations | Division of Corporations | | | |
| P.O. Box 6327 Tallahassee, Florida 32314 | 409 E. Gaines Street Tallahassee. Florida 32399 | | | |

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: | | |
|---------|---|---|--|
| | NUESTRA SENDRA DEL CARMED A.C. | LFIINC | |
| SECOND: | The document number of the corporation (if known): P96000659 | 59. | |
| THIRD: | The date dissolution was authorized: AUG 29, 2005 | | |
| | Effective date of dissolution if applicable: PUG 29, 2005 (no more than 90 days after dissolution file date) | | |
| FOURTH: | Adoption of Dissolution (CHECK ONE) | | |
| | Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval. | olution | |
| | Dissolution was approved by of 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: | 50 SIA10 3S | |
| | The number of votes cast for dissolution was sufficient for approval by | SECRETARY VISION OF C | |
| | | ∺ | |
| | (veting group) | RP OR | |
| \$ | Signed this 29 day of AU60ST, 2005. | ED OF STATE RPORATIONS AM 10: 00 | |
| | Signature: | | |
| • | (By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the rands of a receiver, trustee, or other court appointed fiduciary, by | | |
| | that fiducitry) | | |
| | Jose L MARTIN | | |
| | (Typed or printed name of person signing) | | |
| | PRESIDENT. | | |
| | (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 8, 607,1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.

| Name of Corporation: | NUESTRA SER | ora del CAG | 2MEN A.C. L. F., INC. |
|--|--|----------------------------------|--|
| Date of dissolution will specified in the Articles | be the date the dissolution is filed with of Dissolution. | the Department of State or as | |
| Description of informati | on that must be included in a claim: | | |
| | | | |
| | | | april 1884, garrieda fishiq, garrieda vo |
| - | | | and the state of t |
| | | | |
| Mailing address where | claims can be sent: (Claims cannot be se | ent to the Division of Corporati | ons) |
| | Jose L MAG | 271N | |
| | 12525 Sw 3. | 4 5+ | |
| The section of the se | MIAMI, Pl 331 | 175 | |
| | | | |
| A claim against the about thin 4 years after the | ve named corporation will be barred un filing of this notice. | less a proceeding to enforce the | s claim is commenced |
| | | | \wedge |
| - Jose | L MARTIN | | <u> </u> |
| Printed | Name of the Person Filing | Signature of the Pers | ion ruing |

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