P98000060339

(Requestor's Name)
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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: CRP C	Corporation
DOCUMENT NU	P98000060339 JMBER:
The enclosed Arti	cles of Dissolution and fee are submitted for filing.
Please return all co	orrespondence concerning this matter to the following:
Neil R. Chrystal, Esq.	
	(Name of Contact Person)
Dunwody White & La	andon PA
	(Firm/Company)
550 Biltmore Way Su	nite 810
	(Address)
Coral Gables, FL 331	34
	(City/State and Zip Code)
For further inform	ation concerning this matter, please call:
Candice J. Palte	at (305-529-1500
(Name o	of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a chec	k for the following amount:
□ \$35 Filing Fee	☐ \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee, Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional copy is enclosed)

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: ____ The above named corporation is the subject of dissolution and the effective date of a dissolution is: (date filed with the Dept. if date specified in the Articles of Dissolution) Description of information that must be included in a claim: 1. Basis for claim 2. Amount of the claim 3. Name and address of the creditor 4. Nature of the claim Mailing address where written claims can be sent: (Claims cannot be sent to the Division of Corporations) DUNWODY WHITE & LANDON, P.A. 550 Biltmore Way, Suite 810 Coral Gables, FL 33134 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. Alisha Kamadia Suarez Printed Name of the Person Filing

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

ARTICLES OF DISSOLUTION

Pursuant to of dissolution	20
FIRST:	The name of the corporation as currently filed with the Florida Department of State: CRP CORPORATION
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:	Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.
	Signature: (Byla offector, president or other officer - if directors or officers have not been selected, by an incomporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary) Alisha Kamadia Suarez (Typed or printed name of person signing)
	President
	(Title of person signing)

Filing Fee: \$35