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| (Re | questor's Name) | |
|-------------------------|------------------|-------------|
| . (Ad | dress) | |
| (Ad | dress) | |
| (Cit | y/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL. |
| (Bu | siness Entity Na | me) . |
| (Do | cument Number) | |
| Certified Copies | _ Certificate: | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



600214134676

11/14/11--01007--008 **35.00

Diss. W/ Notice

COVER LETTER

| TO: Amendment Section | | | |
|--|--|--|--|
| Division of Corporations | | | |
| SUBJECT: ARTICLES OF 1 SSO Stians | | | |
| 2000 | | | |
| DOCUMENT NUMBER: 16000 5'5 5'7'S | | | |
| The enclosed Articles of Dissolution and fee are submitted for filing. | | | |
| Please return all correspondence concerning this matter to the following: | | | |
| JUANILA LIBRAND | | | |
| (Name of Contact Person) | | | |
| A Hu, Hos lac | | | |
| (Firm/Company) | | | |
| 1905 OPKLEAGE LANE | | | |
| (Address) | | | |
| LAS V6SAU NEVARA 89146 | | | |
| (City/State and Zip Code) | | | |
| For further information concerning this matter, please call: | | | |
| | | | |
| JUDANIA LUBRANO at (702) 272-1558 | | | |
| (Name of Contact Person) (Årea Code & Daytime Telephone Number) | | | |
| Enclosed is a check for the following amount: | | | |
| S35 Filing Fee \$\bigcup \\$43.75 Filing Fee & \$\bigcup \\$43.75 Filing Fee & \$\bigcup \\$52.50 Filing Fee, Certificate of Status & Certificate of Status & Certified Copy (Additional copy is enclosed) Certified Copy (Additional copy is enclosed) | | | |
| MAILING ADDRESS: Amendment Section STREET ADDRESS: Amendment Section | | | |
| Division of Corporations Division of Corporations | | | |
| P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle | | | |
| Tallahassee, FL 32314 Tallahassee, FL 32301 | | | |

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following of articles of dissolution: articles of dissolution:

| FIRST: T | he name of the corporation as currently filed with the Florida Department of State: |
|-------------|--|
| | A HUI HOS INC. |
| SECOND: T | the document number of the corporation (if known): P98 0000 95 955 |
| THIRD: T | he file date of the articles of incorporation: $\frac{11/10/1998}{}$ |
| FOURTH: (| CHECK AT LEAST ONE BOX) |
| | None of the corporation's shares have been issued. |
| | The corporation has not commenced business. |
| FIFTH: N | o debt of the corporation remains unpaid. |
| | e net assets of the corporation remaining after winding up have been distributed the shareholders, if shares were issued. |
| SEVENTH: | Adoption of Dissolution (CHECK ONE) |
| | A majority of the incorporators authorized the dissolution. |
| | A majority of the directors authorized the dissolution. |
| Signatu | (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.) (Typed or printed name of person signing) (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: A HUI HOW, INC. |
| 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: |
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| |
| Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) |
| BUT PAINTAGE INVIT |
| 1 ACNOCAS NICHADA 88146 |
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| |
| 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. |
| |
| Printed Name of the Person Filing Signature of the Person Filing |
| Signature of the reison rining |