(Requestor's Name)	
(verlaesions manne)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	



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09/15/03--01029--020 \*\*43.75

Special PLEASE SEND HE THE CERTIFIED COPIE

OF DISSOLUTION TO:

JANITZA RAMÍREZ 1943 NE 16471 ST NORTH HIAMI BEACH FL 33162 305-9476222.

THANK YOU.

## ARTICLES OF DISSOLUTION

FILED

03 SEP 15 AM 9: 32

Pursuant to articles of	SECTE: to 607.1401, Florida Standes, this Florida profit corporation submits the JULOWING dissolution:	TARY OF STATE ASSEE, FLORID,
FIRST:	The name of the corporation is: ADJANIR., INC	-
· · · · · · · · · · · · · · · · · · ·	FEI 65-0965023	
SECOND:	The filing date of the articles of incorporation w 9/10/99	
THIRD:	(CHECK ONE)	
•	None of the corporation's shares have been issued.	
	The corporation has not commenced business.	
FOURTH:	No debt of the corporation remains unpaid.	
FIFTII;	The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.	
SIXTH:	Adoption of Dissolution (CHECK ONE)	
	A majority of the incorporators authorized the dissolution.	
	A majority of the directors authorized the dissolution.	
Sig	gned this <u>08</u> day of <u>27</u> <u>2003</u> .	<b>ではたけれていません。</b>
Signate	(By the chairman of the board, president, or other officer - if there are no officers or directors, by an incorporator.)	
	RAMIREZ JANITZA (Typod or printed name)	
	PRESIDENT	

(Title)