(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	—
(Document Number)	—
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EXAMINER

COVER LETTER

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TO: Amendment Section

Division of Corporations	
SUBJECT: D.V.R Protection Company	/, Inc
D05000052010	
DOCUMENT NUMBER: <u>P05000052919</u>	
The enclosed Articles of Dissolution and fee are	submitted for filing.
Please return all correspondence concerning this	matter to the following:
Ivan Martinez	
(Name of Conta	ct Person)
(Firm/Com	npany)
1676 NW 22 Court #2	
(Address	
Miami, Fl 33125	
(City/State and	Zip Code)
For further information concerning this matter, pl	lease call:
Ivan Martinez	at (305-) 607-9975
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
Certificate of Status Ce (Ad	3.75 Filing Fee & \$\sum \\$52.50 Filing Fee, rtified Copy Certificate of Status & ditional copy is closed) (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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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:
	D.V.R Protection Company, Inc	
SECOND:	The document number of the corporation (if known): P05000052919	
ΓHIRD:	The date dissolution was authorized: October 24, 2011	
	Effective date of dissolution if applicable: October 24, 2011 (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 if was sufficient for approval.	for dissolution
	Dissolution was approved by the shareholders through voting groups.	
	The following statement must be separately provided for each voting group ento vote separately on the plan to dissolve:	ntitled
	The number of votes cast for dissolution was sufficient for approval by	
	Ivan Martinez	TSION OF CORPORATION
	(voting group)	→ Figure
		PH DREAM
		RATE
		9 \$7
	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)	
	Ivan Martinez	
	(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 s. 607.1407, F.S.

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

Name of Corporation: D.V.R Protection Company, 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:
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
Ivan Martinez
1676 NW 22 Court #2
Miami, FL 33125
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.
Ivan Martinez 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