P13000007163

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

AY -5 ANIO: 44

C. LEWIS

MAY 1 6 2014

EXAMINER

COVER LETTER

Division of Corporations		
SUBJECT: Disolution of Corpo	oration	
DOCUMENT NUMBER:		
The enclosed Articles of Dissolution and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following	g:	
Morgarita Fernandez		
Margarita Fernandez (Name of Contact Person) Magmark Solutions, Inc. (Firm/Company)		
10149 SW 223 Terr	· · · · · · · · · · · · · · · · · · ·	
10149 SW 223 Terr (Address) Hiami, FL 33190 (City/State and Zip Code)		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
Hargarita Fernandez at (726) 21 (Name of Contact Person) (Area Code & D	9-9992 aytime Telephone Number)	
Enclosed is a check for the following amount:		
Certificate of Status Certified Copy (Additional copy is	\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)	
Amendment Section Amendr Division of Corporations Division P.O. Box 6327 Clifton	F ADDRESS: ment Section n of Corporations Building Recutive Center Circle	

Tallahassee, FL 32301

APPROVED AND FILED

ARTICLES OF DISSOLUTION

14 MAY -5 AM 10: 44

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:
	Hagmark Solutions Inc.
SECOND:	The document number of the corporation (if known): P1300007163
THIRD:	The date dissolution was authorized: April 30, 2014
	Effective date of dissolution if applicable: April 30, 2014 (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.
	Dissolution was approved by 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:
	The number of votes cast for dissolution was sufficient for approval by
	(voting group)
	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)
	Hargarita Flynandez (Typed or printed name of person signing)
	Owner & President (Title of person signing)

Filing Fee: \$35

ArPKOVU: AND FILED

Notice of Corporate Dissolution

14 MAY -5 AM 10: 44

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims STATE against this corporation as provided in s. 607.1407, F.S.

TALLAHASSEF, FLORIDA

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

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