Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000312559 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page? Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC

Account Number : I20000000019 Phone

: (305)552-5973

Fax Number

: (305)675-5944

DISSOLUTION OR WITHDRAWAL

UNITED STATE LIFE SAFETY SERVICES CORP

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

OCT 2 3 2019

I ALBI TON

Electronic Filing Menu

Corporate Filing Menu

Help

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: UNITED STATE LIFE SAFETY SERVICES CORP	
SECOND:	The document number of the corporation (if known):P1500002`1197	
THIRD:	The date dissolution was authorized:	
	Effective date of dissolution if applicable:	
	Note: If the date inserted in this block does not meet the applicable stantory filing requirements, this not be listed as the document's offective date on the Department of State's records.	date wif
FOURTH:	Adoption of Dissolution (CHECK ONE)	
,	Dissolution was approved by the shareholders. The number of votes cast for disso was sufficient for approval.	lution
	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	2015
	(voting group)	. ??
		31.15
•	the	M110: 10
S	(By a director, president or other officer - if directors of officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)	<u> </u>
	JOAQUIN PUNIONET	
_	(Typed or printed name of person signing)	
	PRESIDENT	
_	(Title of person signing)	 -