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To:

Division of Corporations

3052201440

Fax Number : (850)617-6380

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone

Fax Number

: (305)552-5973 : (305)675-5944

DISSOLUTION OR WITHDRAWAL **INEXCO GROUP INC**

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LAZARUS CORPORATE ____

Pursuant t	ARTICLES OF DISSOLUTION
or cussoria	o section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles
FIRST:	The name of the corporation as currently filed with the Florida Department of State:
SECOND:	The document number of the corporation (if known).
THIRD:	The date dissolution was authorized: 1/02/2018 Effective date of dissolution if applicable:
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 it oups. 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)
Sign	By a director, president or other officer - if directors or officers have not been a lacted, by an incorporatur - if in the hands of a receiver matter.
	an incorporator - if in the hands of a receiver, trustee, or other court appointed fi budgy, by that fiduciary) His mbc (to Diga (to T
	(Typed or printed name of person signing)

(Title of person signing)