F63864

(Requ	estor's Name)			
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(City/S	State/Zip/Phon	e #)		
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To: 19736963254 From: 19543443607 Date: 01/25/16 Time: 8:27 AM Page: 07 01/25/2016 MON 11:33 FAX 9543443607

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COVER LETTER

Division of Corporations
SUBJECT: CORPORATE DISSOLUTION
DOCUMENT NUMBER: F62864
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
BARRY MIRSKY, CPA (Name of Contact Person)
BECKWERMERT 4 Co (Firm/Company)
(Firm/Company)
ST3 VALLEY ROAD (Address) WAYNE, N. J. 01470 (City/State and Zip Code)
1. Journa A/ 7 parters
(City/State and Zip Code)
For further information concerning this matter, please call:
BARRY MIRGRY at (973 241-4443
(Name of Contact Person) at (973 341-4443 (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$\sum \$43.75 Filing Fee & Certificate of Status Certified Copy (Additional copy is enclosed) \$35 Filing Fee \$\sum \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
MAILING ADDRESS: STREET ADDRESS:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIR\$T:	The name of the corporation as currently filed with the Florida Department of State:		
	THE ADLER NETWORK FAC.		
SECOND:	The document number of the corporation (if known): F62864		
THIRD:	The date dissolution was authorized: 12/30/15		
	Effective date of dissolution if applicable: (3/1/6		
	(no more than 90 days after dissolution file date) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.	1 1	
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:	1 6	
	The number of votes cast for dissolution was sufficient for approval by	FEB'-8	
	(voting group)	PH	
· .	STATE LORIDA	111:9	
s	ignature: (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)		
· -	MAXINE ADLER (Typed or printed name of person signing)		
	FAESIDENT		
_	(Title of person signing)		

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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. 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. 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