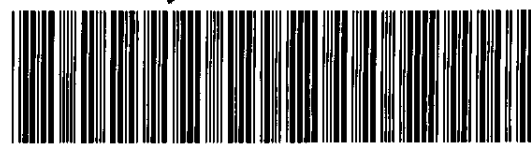


L59964



300123487333

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

Vol 105  
PBB  
4/25



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 1, 2008

LUIS G. VILLAVICENCIO  
2861 NW 47 TERR., APT. 203  
LAUDERDALE LAKES, FL 33313

SUBJECT: TRAVEL OPTIONS, INC.  
Ref. Number: L59964

*I enclosed  
new ck # 5277  
Thank you  
[Signature]  
5-12-08*

We have received your document for TRAVEL OPTIONS, INC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note the money amounts differ on the check. Please send a corrected check for the proper amount. The correct amount is \$35.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Karen Gibson  
Document Specialist Supervisor

Letter Number: 608A00026924

2008 MAY 14 AM 8:00  
CLERK OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 30, 2008

LUIS G. VILLAVICENCIO  
2861 MW 47 TERR., APT. 203  
LAUDERDALE LAKES, FL 33313

SUBJECT: TRAVEL OPTIONS, INC.  
Ref. Number: L59964

We have received your document for TRAVEL OPTIONS, INC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note the money amounts differ on the check. Please send a corrected check for the proper amount. The correct amount is \$35.00.

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Karen Gibson  
Document Specialist Supervisor

Letter Number: 608A00026924

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Articles of Dissolution

**DOCUMENT NUMBER:** L59964

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Luis G. Villavicencio

(Name of Contact Person)

(Firm/Company)

2861 NW 47 Terr. Apt. 203

(Address)

Lauderdale Lakes, FL 33313

(City/State and Zip Code)

For further information concerning this matter, please call:

Luis G. Villavicencio

(Name of Contact Person)

at ( 954 ) 922-9530

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$35 Filing Fee    ☐ \$43.75 Filing Fee & Certificate of Status    ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)    ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (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

RECEIVED

2008 APR 24 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## 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:

TRAVEL OPTIONS, INC

SECOND: The document number of the corporation (if known): L59964

THIRD: The date dissolution was authorized: APRIL 30, 2008

Effective date of dissolution if applicable: APRIL 30, 2008

(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)

LUIS G. VILLAVICENCIO

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

**Filing Fee: \$35**

FILED  
08 MAY 15 AM 11:12  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE