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**LAZARUS** 

PAGE 01/03 mtps://eme.autouworg/a-

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.

(((H11000025612 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: LAZARUS CORPORATE FILING SERVICE

Account Number: I20000000019

Phone

: (305)552-5973

Fax Number

(305)220-1440

## DISSOLUTION OR WITHDRAWAL TRAFFIC SCHOOL SOLUTIONS, INC.

Certificate of Status

0

Certified Copy

0

Page Count

03

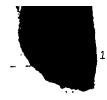
**Estimated Charge** 

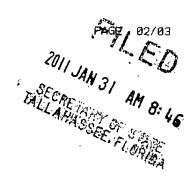
\$35.00

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## H11000025612

## ARTICLES OF DISSOLUTION

Articles of I	Dissolution:		
FIRST:	The name of the corporation as currently filed with the Florida Department of State:		
	TRAFFIC SCHOOL SOLUTIONS, INC.		
SECOND:	The document number of the corporation (if known): N10000 11468		
THIRD:	Adoption of Dissolution (COMPLETE SECTION I OR II)		
	SECTION I If the corporation has members entitled to vote:		
	(CHECK/COMPLETE ONE)		
	The date of the meeting of members at which the resolution to dissolve was adopted		
	The number of votes cast by the members was sufficient for approval.  The resolution was adopted by written consent of the members and executed in accordance with section 617.0701, Florida Statutes.		
	SECTION II  If the corporation has no members or members entitled to vote on the dissolution:		
	The corporation has no members or members entitled to vote on the dissolution.		
	The date of adoption of the resolution by the board of directors was $l-11-11$ .		
	The number of directors in office was and the vote for resolution was		
	for and against. (must be a majority vote)		



## H11000025612

FOURTH:	Effective date of dissolution if applicable:	01-(1-(1
		(no more than 90 days after dissolution file date)

Signature Luc

(By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

TERESITA PLASENCIA

(Typed or printed name of the person signing)

(Title of person signing)

FILING FEE: \$35