1000003734/

(Re	questor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	» #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations		
Division of Corporations		
SUBJECT: ARTICLES OF DISSO LUTION		
DOCUMENT NUMBER: POOO 00 37341		
The enclosed Articles of Dissolution and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
LECIANI A. CITENSKI (Name of Person)		
(Name of Person)		
LAPIS LAZULI, INC.		
(Name of Firm/Company)		
13353 NW 7th STREET		
(Address)		
PLANTATION, FL 333 25		
(City/State/and Zip Code)		
For further information concerning this matter, please call:		
LELIAWI A. LITENSKiat (954) 838 7907 (Name of Person) (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:		
\$35 Filing Fee \$\bigsquare{1}\$\$43.75 Filing Fee & \$\bigsquare{1}\$		
MAILING ADDRESS: STREET ADDRESS:		
Amendment Section Amendment Section		
Division of Corporations P.O. Box 6327 Division of Corporations 409 E. Gaines Street		
Tallahassee, Florida 32314 Tallahassee, Florida 32399		

Tallahassee, Florida 32399

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, 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	
	LAPIS LAZULI FNC.	
SECOND:	The document number of the corporation (if known): P COO 3734 Fig. 3	
THIRD:	The file date the articles of incorporation: $04/13/200$	
FOURTH:	(CHECK AT LEAST ONE BOX)	
	None of the corporation's shares have been issued.	
	The corporation has not commenced business.	
FIFTH:	No debt of the corporation remains unpaid.	
SIXTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.		
SEVENTH:	Adoption of Dissolution (CHECK ONE)	
	A majority of the incorporators authorized the dissolution.	
	A majority of the directors authorized the dissolution.	
Si	igned this 17 day of MAY , 2005.	
Signature: Celiani a hartenslu		
	(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.)	
	(Typed or printed name of person signing)	
	REGISTERED AGENT OFFICER.	

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.
Name of Corporation: LAPIS LAZULI, FNC.
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)
PLAN TATION, PL 333 Q5
PLAN TATION, PL 33325
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.
LELIANI A. LITENSKI Beliam a Liturbi
LELIANI A. LITENSKI Relian & Kilimbu Printed Name of the Person Filing Signature of the Person Filing