

P010000007155

Florida Department of State  
Division of Corporations  
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Katherine Harris, Secretary of State

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(((H01000031843 5)))

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To:  
Division of Corporations  
Fax Number : (850) 922-4000

From:  
Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305) 599-0839  
Fax Number : (305) 716-0346

## DISSOLUTION

PERFECT PIXEL, INC.

Certificate of Status	0
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DIVISION OF CORPORATIONS

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TALLAHASSEE, FLORIDA

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S. PAYNE APR 2 - 2001



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

March 30, 2001

PERFECT PIXEL, INC.  
13924 SW 8 TERR  
MIAMI, FL 33184

SUBJECT: PERFECT PIXEL, INC.  
REF: P01000007155

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The current name of the entity is as referenced above. Please correct your document accordingly.

PLEASE ADD THE COMMA TO THE CORPORATE NAME.

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

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Karen Gibson  
Corporate Specialist

FAX Aud. #: E01000031843  
Letter Number: 701A00019150

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**ARTICLES OF DISSOLUTION**

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

FIRST: The name of the corporation is: PERFECT PIXEL, Inc.  
P01000007155

SECOND: The date dissolution was authorized: 3-26-01

THIRD: 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 vote of 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)

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_.

Signature

[Signature]  
By the Chairman or Vice Chairman of the Board,  
President, or other officer)

Patricia M. Pozas  
(Typed or printed name)

President  
(Title)