Division of Corporations Electronic Filing Cover Sheet

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.

(((H10000034914 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

: (850)617-6380 Fax Number

From:

Account Name : LAZARUS CORPORATE FILING SERVICE

Account Number : I20000000019 : (305)552-5973 : (305)220-1440 Fax Number

DISSOLUTION OR WITHDRAWAL E Z ADS, INC.

Certificate of Status		0	
Certified Copy		0	
Page Count	•	02	
Estimated Charge	ì	\$35.00	

Electronic Filing Menu

Corporate Filing Menu

also desposed of the second of

H10000034914

ARTICLES OF DISSOLUTION

W. 10, 1	LAZARUS LAZARUS	PAGE 02/02
·	H10000034914	•
•	ARTICLES OF DISSOLUTION	ದ
ursuant to se I dissolution	ection 607.1403, Florida Statutes, this Florida profit corporation submits the following affice:	TITE OF THE
IRST:	The name of the corporation as currently filed with the Florida Department of State:	を見る。
ECOND:	The document number of the corporation (if known): P0200095669 The date dissolution was authorized: 2/16/10	10 S
HIRD:	The date dissolution was authorized: 4/6/10 Effective date of dissolution if applicable: (no more than 90 days after dissolution file date)	- -
OURTH:	Adoption of Dissolution (CHECK ONE)	,
	Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.	on.
	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)	
5	Signature: / M	
	(By a chrector, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, mustee, or other court appointed fiduciary, by that fiduciary)	
	RAUL H. CARRIL FLORES (Typed or printed name of person signing)	
	President	
	(Title of person signing)	

Filing Fee: \$35