PDA000099/08

(Reque	estor's Name)	
(Addre	ss)	
(Addre	ss)	
(City/S	tate/Zip/Phone #	9
PICK-UP	WAIT	MAIL
(Busin	ess Entity Name)
(Docur	nent Number)	
Certified Copies	Certificates o	f Status
Special Instructions to Fili	ng Officer:	

Office Use Only



03/02/04--01010--014 **35.00

OLHAR - I PH 5:46

$\underline{TRANSMITTAL\ LETTER}$

TO: Amendment Section Division of Corporations	
	rolution
DOCUMENT NUMBER: POZGOOC	99108
The enclosed Articles of Dissolution and fee are sul	bmitted for filing.
Please return all correspondence concerning this may	tter to the following:
Mario a.	Leon
(Name of Person) Marios Satellite (Name of Firm/Cor	9 : Communications of
10669-W 5W 1131	Ol.
Mami State/and	ida 33146
For further information concerning this matter, pleas	•
Mario a Seon at (804) 270-2965 Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
Certificate of Status Certificate	5 Filing Fee & \$\square\$ \$\\$52.50 Filing Fee, \\ ied Copy
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	STREET ADDRESS: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

ARTICLES OF DISSOLUTION

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

The name of the corporation as currently filed with the Department of State:

FIRST:

17	narios Satellite & Communications, Inc	
SECOND:	The document number of the corporation (if known): POQ 0000 99108	
THIRD:	The date dissolution was authorized: 02-25-2004	
	Effective date of dissolution if applicable: 02-25-2004 (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 disso was sufficient for approval.	lution
	☐ Dissolution was approved by of the shareholders through voting groups.	
	The following statement must be separately provided for each voting group entitle vote separately on the plan to dissolve:	ed to
	The number of votes cast for dissolution was sufficient for approval by	
	all shareholderd	11
S	Signed this 25^{Th} day of $-/e/ruary$, 2004	M
	STATE LORIDA	O
Signatur	(By a director, president or other officer - it 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)	•
	MARIO A. Leo W. (Typed or printed name of person signing)	
	PRESIDENT (Title of person signing)	

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: Marior Satellite & Communication of live.
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:
no Claims are out standing.
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
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.
\mathcal{M}
MAR/OA: LEON Printed Name of the Person Filing Signature of the Person Filing

Printed Name of the Person Filing