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(Requestor's Name)		
(Address)	100098826701	
(Address)		
(City/State/Zip/Phone #)		
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(Business Entity Name)		
(Document Number)		
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COVER LETTER		
TO: Amendment Section Division of Corporations		
SUBJECT: DISSOLUTION OF CORPORATION		
DOCUMENT NUMBER: $PO300034628$		
The enclosed Articles of Dissolution and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
CHRISTINE LUPO (Name of Contact Person)		
WOLF TECH INC		
(Firm/Company)		
17601 SW 59 COURT		
Southwest RANCHES (City/State and Zip Code)	F2 33331-2347	
For further information concerning this matter, please call:		
(Name of Contact Person) at (954) 579-4300 (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:		
	ee & \$\begin{bmatrix} \$52.50 Filing Fee, & Certificate of Status & Certified Copy & (Additional copy is enclosed) & Certified Copy & Certified	
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	

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2661 Executive Center Circle Tallahassee, FL 32301 ľ

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ARTICLES OF DISSOLUTION



Pursuant to section 607.1403, 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:

WOLF TECH, INC.

(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 dissolution was sufficient for approval.

Dissolution was approved by the shareholders through voting groups.

The following statement must be separately provided for each voting grand to vote separately on the plan to dissolve:

The number of votes cast for dissolution was sufficient for approval by

. HRISTINE (voting group Signature: (By a director, president or other officer Lif 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) RESIDEN

(Title of person signing)

Filing Fee: \$35