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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: DISSOLUTION OF	+ Corporation
DOCUMENT NUMBER: POSODO	64483
The enclosed Articles of Dissolution and fee are subm	nitted for filing.
Please return all correspondence concerning this matte	r to the following:
(Name of Contact Per	rson)
Tome Two (Firm/Company)	estments, Ir.
500 & Brown (Address)	Blud #1125
Ft Landerdale (City/State and Zip)	F1. 33394-3022 Code)
For further information concerning this matter, please	call:
	254) 333-2002 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
Certificate of Status Certified	nal copy is Certified Copy
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

Tallahassee, FL 32301

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:	
	Tomic Investments, Inc.	
SECOND:	The document number of the corporation (if known): \$\overline{0300064483}\$	
THIRD:	The date dissolution was authorized:	
	Effective date of dissolution if applicable: (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 group entitled to vote separately on the plan to dissolve:	
	The number of votes cast for dissolution was sufficient for approval by ARE ARE ARE ARE SECURE ARE	
	(voting group)	
S	ignature.	
_	(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	
_	The Olando	
	(Typed or printed name of person signing)	
_	(Title of person signing)	

Filing Fee: \$35