

P03000101943

(Requestor's Name)

(Address)

(Address)

305-993-1032
(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

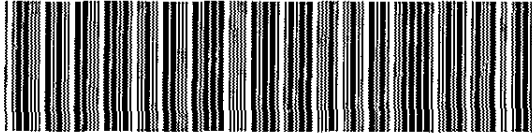
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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08/23/07--01003--027 **43.75



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 14, 2006

ISNAR S. OLIVEIRA
240 71ST STREET
MIAMI BEACH, FL 33141

SUBJECT: DPHLH, INC.
Ref. Number: P03000101943

We have received your document for DPHLH, INC., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$43.75.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 806A00045398

RECEIVED
07 AUG 23 AM 8:00
DIVISION OF CORPORATIONS

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:

DPMLM, Inc.

SECOND: The document number of the corporation (if known): P03000101943

THIRD: The date dissolution was authorized: January 1st, 2006

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

Officers/Directors
(voting group)

Signature: [Handwritten Signature]
(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 that fiduciary)

Jana Luxe
(Typed or printed name of person signing)

President
(Title of person signing)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA