

P03000101943

(Requestor's Name)

(Address)

(Address)

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

☐ PICK-UP ☐ WAIT ☐ MAIL

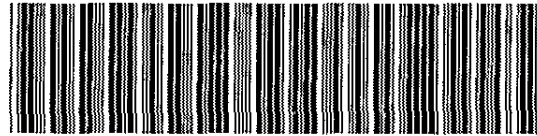
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2007 AUG 23 PM 12:05

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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: \_\_\_\_\_

(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)

James S. A. Plume

(Typed or printed name of person signing)

President

(Title of person signing)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Filing Fee: \$35