P03000106196

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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies Certificates of Status		
Special Instructions to	Eiling Officer	1
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SECRETARY OF STATE



COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Curpuration Dissolution
DOCUMENT NUMBER: P03000106196
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
RICHARD VAN LEER (Name of Contact Person)
(Name of Contact Person)
Myst of the ORACLE Curpuration (Firm/Company)
• • •
15841 PINES BLUD #305 (Address)
(Address)
PEMBRUKE PINES FLURIDA 33027 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
RICHARD VAN LEER at (336) 902-8209 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & \$\bigs\bigs\bigs\bigs\bigs\bigs\bigs\bigs
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 Must at the Olacle Curpulate		
SECOND:	The document number of the corporation (if known): PO30001		
THIRD:	The date dissolution was authorized: $\frac{9/12/09}{}$	···	
	Effective date of dissolution if applicable: 09/12/06 (no more than 90 days after disso	olution file date)	
FOURTH:	Adoption of Dissolution (CHECK ONE)		
	Dissolution was approved by the shareholders. The number of votes was sufficient for approval.	cast for dissolution	
	Dissolution was approved by the shareholders through voting group	s.	
	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	EAR A T	
	(voting group)	I PR	
S	gnature: (By a director, president or other officer - if directors or officers have not been selected	TARY OF STATE ASSEF, FLORIDA	
	an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary that fiduciary)	/, by	
_	(Typed or printed name of person signing)	<u>'</u>	
_	President (Title of person signing)		

Filing Fee: \$35