P0400033791

(Reque	estor's Name)	
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(City/Si	tate/Zip/Phone #	9
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EXPRESS CORPORATE FILING SERVICE INC. Requestor's Name 1000 PONCE DE LEON BLVD. SUITE:101 Address CORAL GABLES, FL 33134 City/State/Zip (305) 444-4994 Phone # OFFICE USE ONLY CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) ☐ Walk in Pick up time Certified Copy ☐ Mail out

NEW FILINGS	
	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

☐ Will wait

	AMENDMENTS
	Amendment
	Resignation of R.A., Officer/Director
	Change of Registered Agent
\times	Dissolution/Withdrawal
	Merger

Certificate of Status

OTHER FILINGS
Annual Report
Fictitious Name
Name Reservation

REGISTRATION/ QUALIFICATION	
Foreign	
Limited Partnership	
Reinstatement	
Trademark	
Other	

Photocopy

Examiner'	s Initials	

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 Department of State
	TH COOSULTION TOC
	<u> </u>
SECOND:	The document number of the corporation (if known): P040003379
THIRD:	The date dissolution was authorized: March 25, 2004
	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 of 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
	(voting group)
	Signed this 25 day of March 2004
Signatu	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)
	(Typed or printed name of person signing)
	, , , , , , , , , , , , , , , , , , , ,
	<u>President</u>
	(Title of person signing)

Filing Fee: \$35