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(Re	equestor's Name)	
(Ac	idress)	
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(Ĉi	ty/State/Zip/Phone	· #)
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SECKETARY OF STATE TALLAHASSEE. FLORIDA

07 MAY 31 AM 7: 28
SECKETARY OF STATE

COVER LETTER

Division of Corporations .
SUBJECT: LAUGR PS NUESTMENTS NC. GRPIRATO DISSOLUTION
DOCUMENT NUMBER: POYONOGEN 34
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
MICHAEL SIMKIN (Name of Contact Person)
LAUER PS. INVESTMENTS. INC. (Firm/Company)
2144 BEEKMAN ST. NE (Address)
· · · · · · · · · · · · · · · · · · ·
PALM BAM FL 32905 (City/State and Zip Code)
For further information concerning this matter, please call:
Michael SIMKIW at (321) 537 7094 (Name of Contact Person) (Area Code & Daytime Telephone Number)
(Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$\frac{1}{2}\$
MAILING ADDRESS: Amendment Section STREET ADDRESS: Amendment Section
Division of Corporations Division of Corporations
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 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:			
	LAUER P.S. INVESHENTS INC.			
SECOND:	The document number of the corporation (if known): Pole 00000 99731			
THIRD:	The date dissolution was authorized: APAIL 30 2007			
	Effective date of dissolution <u>if applicable</u> : (no more than 90 days after dissolution file date)			
	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			
	ALL PARTNERS SHAREHOLDED HAY 3 - AN THE SEE FILE OF SE			
·	STATE 28			
	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)			
	MCHAEL SIMKIW (Typed or printed name of person signing)			
	(Title of person signing)			

Filing Fee: \$35

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S. This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution. LAUER P.S. INVESTMENTS, INC. Name of Corporation: Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution. Description of information that must be included in a claim: Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) MICHAEL SIMKIN 2144 BEERMAN ST. NE A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice. SIMKIN Printed Name of the Person Filing Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00