

P05000020638

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

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(Business Entity Name)

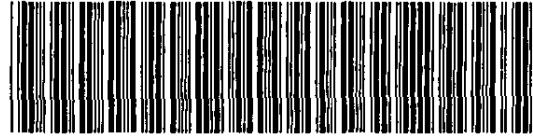
(Document Number)

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SECRETARY OF STATE  
JIM THASSEL FILING

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** DORIZAR ENTERPRISES, INC.

**DOCUMENT NUMBER:** P05000020638

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

**DORIS PENA**

(Name of Contact Person)

(Firm/Company)

**15153 S.W. 43 LANE**

(Address)

**MIAMI, FLORIDA 33185**

(City/State and Zip Code)

For further information concerning this matter, please call:

**DORIS PENA**

(Name of Contact Person)

at ( **305** ) **389-5906**

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$35 Filing Fee     \$43.75 Filing Fee & Certificate of Status     \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)     \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

**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 of State:  
**DORIZAR ENTERPRISES, INC.**

SECOND: The document number of the corporation (if known): **P05000020638**

THIRD: The date dissolution was authorized: **JULY 31, 2013**

Effective date of dissolution if applicable: **JULY 31, 2013**  
(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

**ONE**  
(voting group)

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Signature: *Doris Pena*  
(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)

**DORIS PENA**  
(Typed or printed name of person signing)

**DIRECTOR**  
(Title of person signing)

**Filing Fee: \$35**

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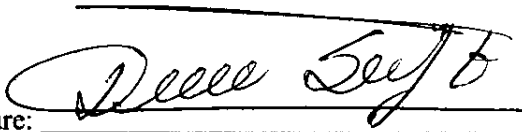
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Signature: 

(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)

**DORIS PENA**  
(Typed or printed name of person signing)

**DIRECTOR**  
(Title of person signing)

**FILED**  
**13 AUG 12 PM 4 27**  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA