

11/29/2016 14:49 Division of Corporations

3052201440

LAZARUS

PAGE 01/02

https://efile.sunbiz.org/scripts/efilcovr.exe

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000292155 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: LAZARUS CORPORATE FILING SERVICE, INC.

Account Number: I2000000019

(305) 552-5973

Phone Fax Number

: (305)675-5944

DISSOLUTION OR WITHDRAWAL

BY MY SELF, INC

Certificate of Status	O CONTRACTOR OF THE PROPERTY O
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

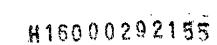
Electronic Filing Menu

Corporate Filing Menu

Help



S. TALLENT NOV 3 0 2016 .



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 Departme	nt of State:	
•	By My Self, Inc	~ >=-	
SECOND:	The document number of the corporation (if known): POSCOO	27688	9
THIRD:	The date dissolution was authorized: 11 29/	14	
	Effective date of dissolution if applicable: (no more than 90 days after disso	ution file date)	
FOURTH:	Adoption of Dissolution (CHECK ONE)		
	Dissolution was approved by the shareholders. The number of votes of was sufficient for approval.	ast for dissol	utior
	Dissolution was approved by the shareholders through voting groups.		
	The following statement must be separately provided for each voting gro to vote separately on the plan to dissolve:	up entitled	
	The number of votes cast for dissolution was sufficient for approval by	SEC	
		ME NO	
	(voting group)	29 M	
	4 0 1	9: 1	0
	Signature: A with and Dounding.	<i>≫</i> ∞	
	(By a director, president or other officer - if directors or officers have not been selected, an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary that fluuciary)		•
	John Solcine		
	(Typed or printed name of person signing)		
	(Title of person signing)	_	

Filing Fee: \$35