

P05000092782

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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*Miss*  
C.COULLETTE

DEC 16 2008

EXAMINER

# LAZARUS

## CORPORATE FILING SERVICE

3320 SW 87<sup>TH</sup> AVENUE

MIAMI, FL 33165 (305) 552-5973

Office Use Only

### CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. UNIVERSAL TATTOOS & CELLULAR Corp.  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in

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☐ Will wait

☐ Photocopy

☐ Certificate of Status

### NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

### OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

### AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☒ Dissolution/Withdrawal
- ☐ Merger

### REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

Examiner's Initials

## ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, Florida Statutes, this profit corporation submits the following articles of dissolution:

**FIRST:** The name of the corporation as currently filed with the Florida Department of State:

**UNIVERSAL TATTOOS & CELLULAR CORP.**

**SECOND:** The document number of the corporation: P05000092782

**THIRD:** The file date of the articles of incorporation: 06/28/2005

**FOURTH:** (CHECK ATLEAST ONE BOX)

- ☒ None of the corporation remains unpaid.  
☐ The corporation has not commenced business.

**FIFTH:** No debt of the corporation remains unpaid.

**SIXTH:** The net assets of the corporation remaining after winding up  
Have been distributed to the shareholders, if shares were issued.

**SEVENTH:** Adoption of Dissolution (CHECK ONE)

- ☒ A majority of the incorporators authorized the dissolution.  
☐ A majority of the directors authorized the dissolution.

Signed this Monday, December 15, 2008

Signature: X

(By director, president or other officer-if directors or officers have been selected, by an incorporator  
- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

**ARIEL RODRIGUEZ**

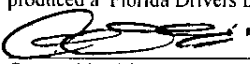
(Typed or printed name of person signing)

**President**

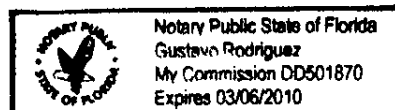
(Title of person signing)

STATE OF FLORIDA  
COUNTY OF MIAMI-DADE

The foregoing instrument was acknowledged before me this December 15, 2008, by **ARIEL RODRIGUEZ** President, Who produced a Florida Drivers License No. c460-860-57-512-0 as a legal identification card and did take an oath

  
Gustavo Rodriguez Notary Public  
State of Florida at Large

My commission Expires:



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