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(((H120001994043)))



H120001994043ABC

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To:

Division of Corporations

Fax Number

: (850) 617-6380

From:

Account Name

: GREENBERG, TRAURIG, HOFFMAN, ET AL.

Account Number :

: 076077001461

Phone

: (305)789-5357

Fax Number

: (305)961-5357

CAMBOL@GTLAW.COM

DISSOLUTION OR WITHDRAWAL PERSEVERANCE, INC.

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-8/7/2012

(((H12000199404 3)))

ARTICLES OF DISSOLUTION

of dissolution	section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles n:				
FIRST:	The name of the corporation as currently filed with the Florida Department of State:				
	Perseverance, Inc.				
SECOND:	The document number of the corporation (if known): P05000093106				
THIRD:	The date dissolution was authorized: August 7, 2012				
	Effective date of dissolution if applicable: DATE OF FILING OF THESE ARTICLES (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				
	(voting group) Signature:				
	(By a director, president on other officer is directors or officers have not been selected, by an incorporator - if in the hands of a research, trustee, or other court appointed fiduciary, by that fiduciary)				
	Guillermo Javier Bandera Sanchez Salido				
وي المعرب يه مدر مصحد	(Typed or printed name of person signing)				
•	DIRECTOR				

((H12000199404 3)))

Notice of Corporate Dissolution

	e of Corporate Dissolutio	on" is optional and is not require		
	orporation: Persever	ance Inc	Control of the Contro	
			The state of the s	ر دو و در دو به استان
Date of diss specified in	olution will be the date the the Articles of Dissolution	ne dissolution is filed with the D	epartment of State or as	
	of information that must			
SUFFIC	CIENT INFORMAT	TION TO REASONAE	BLY INFORM THE	CORPORATION
OF THE	IDENTITY OF T	HE CLAIMAINT AND	THE SUSBSTAN	CE OF THE
CLAIM				
	·			
Mailing add	iress where claims can be	sent: (Claims cannot be sent to	the Division of Corporation	s)
	300 Convent 9	Street		
	Suite 1350			
		TV 30005	,	
	San Antonio,	1X 78205		_
	San Antonio,	1X 78205		_

Guillermo Javier Bandera Sanchez Salido

Printed Name of the Person Filing

Signature of the Person Filing