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COVER LETTER

TO: Ameridment Section

The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: RAUL ALBA (Name of Contact Person) LAKEVIEW COMMUNITY CENTERS, INC. (Firm/Company) 585 E 13 ST (Address) HIALEAH, FL 33010 (City/State and Zip Code) For further information concerning this matter. please call: RAUL ALBA (Name of Contact Person) at (786) 499-1684 (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: \$35 Filing Fee \$43.75 Filing Fee & \$43.75 Filing Fee, Certificate of Status & Certified Copy (Additional copy is Certificed Copy)	Division of Corporations		
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MAILING ADDRESS: Amendment Section STREET ADDRESS: Amendment Section			
Division of Corporations 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 and the 39

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of dissolution: SECRETARY OF STATE FIRST: The name of the corporation as currently filed with the Florida Department of State: LAKEVIEW COMMUNITY CENTERS. INC. The document number of the corporation (if known): P05000155669 SECOND: The date dissolution was authorized: 10/13/2010 THIRD: Effective date of dissolution if applicable: _10/13/2010 (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 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) RAUL ALBA (Typed or printed name of person signing)

Filing Fee: \$35

(Title of person signing)

PRESIDENT, TREASURER, SECRETARY