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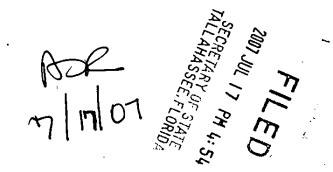
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DESIGNATIONS

OF STATE OF



LAZARUS CORPORATE FILING SERVICE Requester's Name 3320 S.W. 87TH AVENUE MIAMI, FL 33165 (305) 552-5973 City/State/Zip Phone # Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Pick up time 2.00 Certified Copy Mail out ☐ Will wait Certificate of Status **□** Photocopy **NEW FILINGS** <u>AMENDMENTS</u> Profit ■ Amendment Not for Profit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other ☐ Merger **OTHER FILINGS** REGISTRATION/QUALIFICATION Annual Report Foreign Limited Partnership Fictitious Name Reinstatement Trademark

Other

Examiner's Initials

CR2E031(7/97)

ARTICLES OF DISSOLUTION Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submit who of dissolution: FIRST: The name of the corporation as currently filed with the Florida Depart The document number of the corporation (if known): SECOND: The date dissolution was authorized: THIRD: Effective date of dissolution if applicable: (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: 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)

Filing Fee: \$35

(Title of person signing)