## P06000104646

(Re	equestor's Name)	<del></del>	
(Ad	ldress)		
(Ad	ldress)		
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			

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2008 DEC 19 AM 9: 03
SECRETARY OF STATE

Dissolution W/Notre

TR 17.241

## **COVER LETTER**

Division of Corporations			
SUBJECT: DISSOLUTION	of my Contany		
DOCUMENT NUMBER: P0600104646			
The enclosed Articles of Dissolution and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
8. Nomony VALVO			
(Name of Contact Person)			
GAMING TOKENS INTERNATIONAL			
(Firm/Company)			
1280 IsLAND DAINE			
(Add	dress)		
MERRITT ISLAND, FLORIDA 32952			
(City/State and Zip Code)			
For further information concerning this matter, please call:			
R. Name of Contact Person) at (321) 453-4568  (Name of Contact Person) (Area Code & Daytime Telephone Number)			
(Name of Contact Person)	(Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:			
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & \$\ \text{S52.50 Filing Fee,} \\ Certified Copy & Certificate of Status & \\ (Additional copy is enclosed) & (Additional copy is enclosed)		
MAILING ADDRESS:	STREET ADDRESS:		
Amendment Section Division of Corporations	Amendment Section 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 articles

of dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State: SECOND: The document number of the corporation (if known): THIRD: The date dissolution was authorized: \_\_\_ 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: (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)

Filing Fee: \$35

## **Notice of Corporate Dissolution**

This notice is submitted by the dissolved against this corporation as provided in s.		resolution of payment of unknown claims
This "Notice of Corporate Dissolution"	is optional and is not required	when filing a voluntary dissolution.
Name of Corporation: SAMI	NG TOXENS	INTERNATIONAL, II
Date of dissolution will be the date the d specified in the Articles of Dissolution.	lissolution is filed with the Dep	artment of State or as
Description of information that must be	included in a claim:	
OUT OF INVE	wany, our	OR BUSINESS
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1280 Is	cucy Value  Lovo ORI  TT TSLAA	<u>0</u> VE
FLORIL	OA, 3295	72
A claim against the above named corpor within 4 years after the filing of this noti		oceeding to enforce the claim is commenced
L. Surriony	Varus	THE STATE OF THE S
Printed Name of the Person	n Filing	Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00