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(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL MAIL
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Mr 4-27-11



TO: Amendment Section Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

SUBJECT: Article of Dissolution for MPLT Consulting, Inc		
DOCUMENT NUMBER:		
The enclosed Articles of Dissolution and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Lynn Turchiarelli		
(Name of Contact Person)		
MPLT Consulting, Inc		
(Firm/Company)		
415 Thicket Crest Road		
· (Address)		
Seffner, FL 33584		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
Lynn Turchiarelli at (310) 613-6077		
(Name of Contact Person) (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:		
\$35 Filing Fee \$\bigsquare \\$43.75 Filing Fee & \bigsquare \\$43.75 Filing Fee & \bigsquare \\$52.50 Filing Fee, Certificate of Status & Certified Copy & Certif		
MAILING ADDRESS: Amendment Section STREET ADDRESS: Amendment Section		

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building



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:	
	MPLT Consulting, Inc.		
SECOND:	The document number of the corporation (if known):		
THIRD:	The date dissolution was authorized: April 18, 2011		
	Effective date of dissolution if applicable: April 18, 2011 (no more than 90 days after dissolution)	π file date)	
FOURTH:	Adoption of Dissolution (CHECK ONE)	<i>س</i> ـز	
	Dissolution was approved by the shareholders. The number of votes case was sufficient for approval.	t for dissolution	
	Dissolution was approved by the shareholders through voting groups		
	The following statement must be separately provided for each voting group; to vote separately on the plan to dissolve:	75' 500 N. P.	
	The number of votes cast for dissolution was sufficient for approval by		
	The Executive Board		
	(voting group)		
	Signature: MM MM all all a light address of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)		
	Lynn Turchiarelli		
	(Typed or printed name of person signing)		
	President		
	(Title of person signing)		

Filing Fee: \$35