

PO60000152717

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

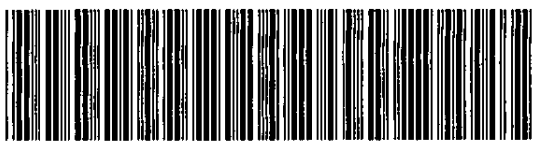
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04/26/10--01047--012 \*\*43.75

*D. S. S. / practice*

REGISTRY OF CLERKS  
TALLAHASSEE, FLORIDA

2010 APR 26 AM 10:39

FILED

**IRWIN RAWET**  
17630 LAKE PARK ROAD  
BOCA RATON, FL. 33487

TELEPHONE: (561) 504-6377

04-12-10

Corporate Records Bureau  
Division of Corporations  
Department of State  
P.O. Box 6327  
Tallahassee, FL 32314


Re: Dissolution of LUMAX MARKETING, INC.

Dear Sir:

Enclosed is an original and a copy of the Articles of Dissolution for the above corporation.

Also enclosed is a check payable to the Secretary of State in the amount of \$43.75 representing a \$35.00 filing fee for the Articles of Dissolution, and \$8.75 for a Certificate of Status.

Very truly yours,



IRWIN RAWET

**ARTICLES OF DISSOLUTION**

Pursuant to 607.1403, Florida Statutes, this corporation submits the following articles of dissolution:

- FIRST: The name of the corporation is LUMAX MARKETING, INC.  
Corporate number: P06000152717
- SECOND: The articles of incorporation were filed on 12-12-06.
- THIRD: The date dissolution was authorized was 04-12-10.
- FORTH: Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.
- FIFTH: The corporation has no intention of revoking this voluntary dissolution and its name is available for immediate use by any other corporation.

FILED  
2010 APR 26 AM 10:39  
CLERK OF COUNTY CLERK  
MILWAUKEE, FLORIDA

Signed this 04-12-10.

FURTHER AFFIANT SAYETH NAUGHT.

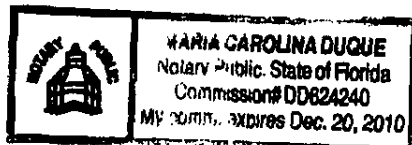



AFFIANT/IRWIN RAWET, President/Chairman of the Board

The foregoing instrument was acknowledged before me this 21<sup>st</sup> day of April, 2010, by IRWIN RAWET, who personally appeared, and known to me to be the person described in and who executed the foregoing instrument, who acknowledged before me that he executed the same, that I relied upon the following form of identification of the above-named person[s]: **DRIVERS LICENSE** OF Florida.

Witness my hand and seal at said county and state this 21 day of April, 2010

My commission expires 12/20/2010



  
Signature of Notary Public

Maria Carolina Dugue  
Printed Name