

PD70000013293

Dec 05 2013 12:12PM
Division of Corporations

HP LASERJET FAX

p. 1
Page 1 of 1

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H13000266843 3)))



H130002668433ABCO

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : MENDEZ ACCOUNTAX SERVICES, CORP
Account Number : I20060000145
Phone : (305) 769-4936
Fax Number : (305) 769-1844

DISSOLUTION OR WITHDRAWAL
VALMAR SQUARED, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

RECEIVED

13 DEC -5 PM 12:41

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 DEC -5 AM 9:30

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

V/D

DEC 06 2013

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:

VALMAR SQUARED INC

SECOND: The document number of the corporation (if known): P07000013293

THIRD: The date dissolution was authorized: SEP 30 2013

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)

AILETTE VALCARCE

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

FILED
13 DEC -5 AM 9:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA