

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.

(((H130002603693)))



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

: LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I2000000019 Phone

: (305)552-5973

Fax Number

: (305)220-1440

DISSOLUTION OR WITHDRAWAL MABAN ENTERPRISES INC.

ECEIVED	3 40V 25 PH 4: 27	ICA CE COSPORATIONS LAMASSEE FLORIOA
<u>C</u> 4. 1	13	12 N

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

H13000280369

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):
	MADAN ENTERPRISES INC.	
SECOND:	The document number of the corporation (if known): P07000 66828	•
THIRD:	The date dissolution was authorized: 11/25/13	,
	Effective date of dissolution if applicable: ///25//3 (no more than 90 days after dissolution file date	e) .
FOURTH:	Adoption of Dissolution (CHECK ONE)	
• .	Dissolution was approved by the shareholders. The number of votes cast for di was sufficient for approval.	ssolution
	Dissolution was approved by the shareholders through voting groups.	
	The following statement must be separately provided for each voting group entitled to vote separately or the plan to dissolve:	d
	The number of votes east for dissolution was sufficient for approval by	13 NOV 25
	(voting group)	25
	(voung group)	
	Y	PH 1
'-SL ;		- 1
	Signature: X Called	•
	(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)	
,	(Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	Pusident.	•
	(Title of person signing)	

Filing Fee: \$35

H13000280389