

P07000092954

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

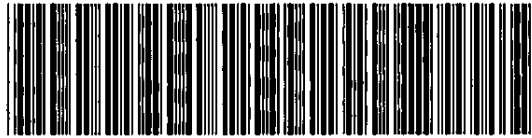
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/20/09--01018--018 **35.00

FILED
09 MAY 20 AM 8:48
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Wun. Dis.

05-27-09

Dc

EDUARDO MENDEZ

Attorney at Law

P.O. Box 941826

Miami, Florida 33194

Tel: (305) 553-8676

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May 18, 2009

State of Florida

Division of Corporation

P.O. Box 6327

Tallahassee, FL 32314

Re: MDS Arcade Entertainment Center Corp.
#P07000092954
Articles of Dissolution

Dear Sir/Madam.-

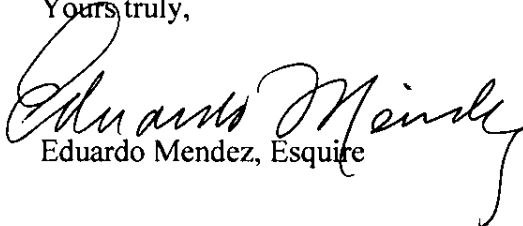
Please be advised that the undersigned is the attorney for the above referred corporations.

Enclosed please find original Articles of Dissolution for the above referred corporation.
Also my check for \$35.00 to cover the filing fee.

Kindly send me proof of filing as soon as possible.

If you have any question, do not hesitate to call.

Yours truly,


Eduardo Mendez, Esquire

EM/gm

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:

MDS ARCADE ADULT ENTERTAINMENT CENTER CORP.

SECOND: The document number of the corporation (if known): P07000092954

THIRD: The date dissolution was authorized: May 11, 2009

Effective date of dissolution if applicable: May 11, 2009

(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)

MARIA V. ESPINAL

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35

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SECRETARY OF STATE
TALLAHASSEE FLORIDA