

PD7000110343

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

DiSS
C.COULLETTE

OCT 30 2008

EXAMINER

LAZARUS

CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. PHOTOMICS, Corp.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☒ Walk in ☒ Pick up time 2:00 ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☒ Dissolution/Withdrawal
- ☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

Examiner's Initials

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, Florida Statutes, this profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:

PHOTOMICS, CORP.

SECOND: The document number of the corporation: P07000110343

THIRD: The file date of the articles of incorporation: 10/05/2007

FOURTH: (CHECK ATLEAST ONE BOX)

- ☒ None of the corporation remains unpaid.
☐ The corporation has not commenced business.

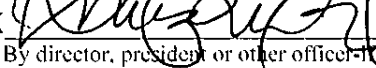
FIFTH: No debt of the corporation remains unpaid.

SIXTH: The net assets of the corporation remaining after winding up
Have been distributed to the shareholders, if shares were issued.

SEVENTH: Adoption of Dissolution (CHECK ONE)

- ☒ A majority of the incorporators authorized the dissolution.
☐ A majority of the directors authorized the dissolution.

Signed this Friday, October 10, 2008

Signature: X 
(By director, president or other officer - if directors or officers have been selected, by an incorporator
- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

IRALIZ MARTINEZ

(Typed or printed name of person signing)

DIRECTOR

(Title of person signing)

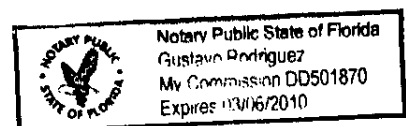
STATE OF FLORIDA
COUNTY OF MIAMI-DADE

The foregoing instrument was acknowledged before me this October 10, 2008, by IRALIZ MARTINEZ, Director, Who produced
a Florida Drivers License No. c460-860-57-512-0 as a legal identification card and did take an oath



Gustavo Rodriguez Notary Public
State of Florida at Large

My commission Expires:



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