P07000112016

| (Requestor's Name) |
|---|
| |
| (Address) |
| (Address) |
| (, |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
| |
| Special Instructions to Filing Officer: |
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COVER LETTER

TO: Amendment Section

| Division of Corporations | | |
|--|--|--|
| SUBJECT: CTRAVE GURU | INC. | |
| | | |
| DOCUMENT NUMBER: PO7000 113 | 2016 | |
| The enclosed Articles of Dissolution and fee are sub- | mitted for filing. | |
| Please return all correspondence concerning this matter | er to the following: | |
| BRIAN BERKOWI (Name of Contact Pe | 162 | |
| (Name of Contact Pe | erson) | |
| NA | | |
| (Firm/Company) | | |
| 11170 WEST SAMPLE ROAD | | |
| 11170 WEST SAMPLE ROAD (Address) | | |
| CORAL SPRINGS FL | 33065 | |
| CORAL SPRINGS FL 33065 (City/State and Zip Code) | | |
| For further information concerning this matter, please call: | | |
| | | |
| BRIAN BERKONICZ at (| 954) 732-0351 | |
| (Name of Contact Person) | (Area Code & Daytime Telephone Number) | |
| Enclosed is a check for the following amount: | | |
| Certificate of Status Certifie | nal copy is Certified Copy | |
| MAILING ADDRESS: Amendment Section | STREET ADDRESS: | |
| Division of Corporations | Amendment Section Division of Corporations | |
| P.O. Box 6327 | Clifton Building | |
| Tallahassee FL 3231A | 2661 Evecutive Center Circle | |

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

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

| | یم بیر |
|---------|---|
| FIRST: | The name of the corporation as currently filed with the Florida Department Ratate: |
| | GRAVE GURU INC. |
| SECOND: | The document number of the corporation (if known): PO7000112016 |
| THIRD: | The date dissolution was authorized: 4 1 2008 |
| | 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) |
| | and nodestay, |
| | OREN PINHAS |
| | (Typed or printed name of person signing) |
| | PRESIDENT |
| | (Title of person signing) |

Filing Fee: \$35