

(Requestor's Name) (Address)	600184822026
(City/State/Zip/Phone #)	600184822026 09702/1001009028 ***43,75
(Business Entity Name)	
(Document Number) Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	2010 SEP -2 AH 9: 52 RALLAHASSEE FLORIDA

COVER LETTER

TO: Amendment Section Division of Corporations	¥.	
•		
SUBJECT: Florida Low Vision Solu	utions, Inc.	
DOCUMENT NUMBER: P07000117	7788	
The enclosed Articles of Dissolution and fe	e are submitted for filin	g.
Please return all correspondence concerning	this matter to the follow	ving:
i iono i		
Robert McClernon CPA		
(Name of C	Contact Person)	
Robert McClernon CPA PA		
	/Company)	
3215 NW 10th Terrace-Suite 205	5	
	ldress)	
•	·····	
Ft Lauderdale, Fl. 33309	15' 6 1	
(City/State	e and Zip Code)	
For further information concerning this matt	ter, please call:	
Robert McClernon CPA	at (954) 50	63-9004
(Name of Contact Person)	(Area Code &	2 Daytime Telephone Number)
Enclosed is a check for the following amoun	nt:	
\$35 Filing Fee \$43.75 Filing Fee & [\$43.75 Filing Fee &	□\$52.50 Filing Fee.
Certificate of Status	Certified Copy	Certificate of Status &
	(Additional copy is enclosed)	Certified Copy (Additional copy is
	viioiosou)	enclosed)
MAILING ADDRESS:	STRI	CET ADDRESS:
Amendment Section	Ame	ndment Section
Division of Corporations		sion of Corporations
P.O. Box 6327	Cint	on Building

Tallahassee, FL 32314

2661 Executive 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:

FIRST:	The name of the corporation as currently filed with the Florida Department of State:
	Florida Low Vision Solutions, Inc.
SECOND:	The document number of the corporation (if known): P07000117788 The date dissolution was authorized: 08/27/2010
THIND.	Effective date of dissolution if applicable: 08/27/2010 (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
	Owners of the voting stock (voting group)
	Signature: (By a director, president or other officer - if directors or officers have not been selected, by that fiduciary) Lisa Bensmihen (Typed or printed name of person signing)
	(-)\
	President
	(Title of person signing)

Filing Fee: \$35