

PO 000124539

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

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.

((H09000172407 3)))



H090001724073ABC/

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 : I20000000019  
Phone : (305) 552-5973  
Fax Number : (305) 220-1440

FILED  
09 JUL 29 PM 1:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DISSOLUTION OR WITHDRAWAL  
ESCAPE VACATIONS, INC

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

RECEIVED

2009 JUL 29 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

690012  
550  
7/29/2009 12:49 PM

H09000172407

## 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:

ESCAPE VACATIONS, INC.

SECOND: The document number of the corporation (if known): P07000124539

THIRD: The date dissolution was authorized: JULY/29/2009

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).

ALBA TREVISOL

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35

H09000172407

FILED  
09 JUL 29 PM 1:49  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA