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.

(((H130001062993)))



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: I2000000019

Phone

: (305)552-5973

Fax Number

: (305)220-1440

DISSOLUTION OR WITHDRAWAL CVL INV CORP.

AM 8: 54	45.90
13 MAY 10	INTERNATION CONTRACTOR

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

Electronic Filing Menu Corporate Filing Menu Help

03/22/2031 05:48 * .900 a rivior . 1, -

FILEO

H13000106299

2013 MAY 10 AM 10: 32

ARTICLES OF DISSOLUTION

SECH ASSEE, FLORIDA

	l	TALLMIT
Pursuant to of dissoluti	o section 607.1403, Florida Statutes, this Florida profit edition:	rporation bomits the following articles
FIR\$T:	The name of the corporation as currently filed with t	he Florida Department of State:
SECOND:	The document number of the corporation (if known):	P88000042034
THIRD:	The date dissolution was authorized: 05/09/20	13
	Effective date of dissolution if applicable:	than 90 days after dissolution file date)
•	(no mo	E THE SA (1932) WITH CHRONOLDING (THE CENT)
FOURTH:	Adoption of Dissolution (CHECK ONE)	
	Dissolution was approved by the shareholders. The was sufficient for approval.	e number of votes cast for dissolution
	Dissolution was approved by the shareholders three	ough voting groups.
	The following statement must be separately provided to vote separately on the plan to dissolve:	for each voting group entitled
	The number of votes cast for dissolution was sufficient	for approval by
	(voting group)	
Sig	gnature: X (By a director, president or other officer - if directors as officer.	n Jeán
	an incorporator - if in the hands of a receiver, trustee, or other of that fidurity)	there not been placeted, by part appointed Educiary, by
	CLARISSA BRUGAL	
_	(Typed or printed name of person signing)	
	P/D/RA	
_	(Title of person signing)	

H13000106299