

Division of Corporations Electronic Filing Cover Sheet

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(((H130000501073)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC

Account Number : 120000000019 Phone : (305)552-5973

Fax Number

: (305)220-1440

DISSOLUTION OR WITHDRAWAL MALU - ANDA CORP

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

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ARTICLES OF DISSOLUTION

| Pursuar of disse | | ion 607.1403, Florida Statutes, this Florida profit corporation submits the following articles |
|---------------------|---------|--|
| FIRST | · · . | the name of the corporation as currently filed with the Florida Department of State: MALU-ANDA CORP |
| SECO | ו" :כוע | The document number of the corporation (if known): POY 000 96980 |
| THIRE |): 7 | The date dissolution was authorized: $3 - 4 - 13$ |
| | F | Effective date of dissolution if applicable: (no more than 90 days after dissolution file date) |
| FOUR | TH: | Adoption of Dissolution (CHECK ONE) |
| | | Dissolution was approved by the shareholders. The number of votes cast for dissalution 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: |
| | 1 | The number of votes cast for dissolution was sufficient for approval by |
| | | |
| | Sig | mature: Sut Dub |
| | | (By a director, president or other officer - if directors or officers have not been selected, by an inexpension - if in the hands of a receiver, trustee, of other count appointed fideways, by that fideway). |

 $P_{12} \in S_{1} \Delta \in WT$ (Title of person signing)

Filing Fee: \$35

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