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SECRETARY OF STATE

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COVER LETTER

TO: Amendment Section

Division of Corporations	
SUBJECT: Lizado Inc	· · · · · · · · · · · · · · · · · · ·
DOCUMENT NUMBER: POSOCIO3	533
The enclosed Articles of Dissolution and fee are s	submitted for filing.
Please return all correspondence concerning this n	natter to the following:
Lizete Ferreira (Name of Contac	t Person)
(Firm/Comp	oany)
15 Fallon Lane (Address)	
Palm Ccast, F1. 32137 (City/State and 2) For further information concerning this matter, ple	Zip Code)
-	(Area Code & Daytime Telephone Number) 386 - 445-4375
Certificate of Status Certificate (Add	.75 Filing Fee & \$\square\$ \$\\$52.50 Filing Fee, ified Copy itional copy is losed) \$\square\$ \$\\$Certified Copy (Additional copy is enclosed)
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

Elm 7-20-11

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:
	Lizado, Inc.
SECOND:	,
THIRD:	The date dissolution was authorized: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	Effective date of dissolution if applicable: 7 20 11 (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 of 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
	Sole Shareholder From 2
	(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)
	Lizete Ferreira (Typed or printed name of person signing)
	President (Title of person signing)

Filing Fee: \$35