P09000011407

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



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OCT 1 6 2012

T. LEWIS

COVER LETTER

TO: Amendment Section

Division of Corporations	
SUBJECT: DISSOLUTION O	F S-COLP
DOCUMENT NUMBER: P09 000	011607
The enclosed Articles of Dissolution and fee are	submitted for filing.
Please return all correspondence concerning this	matter to the following:
ENDIQUE VAUFER	
(Name of Conta	et Person)
EXPANSION CONSU (Firm/Com	LTING GROUP INC
1/1/ 6 50NC152 BLV (Address	D # 205
FT LA VIDERTILE, F (City/State and	35304
(City/State and	Zip Code)
For further information concerning this matter, p	
ENRIQUE LAUFER (Name of Contact Person)	at (<u>786</u>) <u>264 – 1489</u> (Area Code & Daytime Telephone Number)
	(Med code & Baytime Telephone Ivaliable)
Enclosed is a check for the following amount:	
Certificate of Status Ce (Ad	3.75 Filing Fee & \$\Bigsquare\tag{\$52.50}\$ Filing Fee, tified Copy ditional copy is closed) \$\text{Certificate of Status & Certified Copy} (Additional copy is enclosed)}
MAILING ADDRESS:	STREET ADDRESS:
Amendment Section Division of Corporations	Amendment Section Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee FI 32314	2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

	section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles			
of dissoluti	Effective date			
FIRST:	The name of the corporation as currently filed with the Florida Department of State:			
	EXPANSION CONSULTING GROUP, INC			
SECOND:	The document number of the corporation (if known): POG00011607			
THIRD:	The date dissolution was authorized: 10 09 12			
	Effective date of dissolution if applicable: 11 30 12 (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 militled 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)			
	ENCIQUE KAUFER			
	(Typed or printed name of person signing)			
	PRESIDENT			
	(Title of person signing)			

Filing Fee: \$35

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: EXPANSION CONSULTING GROW, INL

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution.

Description of information that must be included in a claim:

NAME COMPANY NAME ADRESS

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

EXPANSION CONSULTING GROUP 1111 E. SUNRI) E BLUD # 205 FT CAORDALE, FL 3530(1 Or elaufer Dyahoo.com

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Printed Name of the Person Filing

Signature of the Person Filing