Florida Der Division	Average of Corporations Filing Cover Sheet
Note: Please print this page and use (shown below) on the top and	it as a cover sheet. Type the fax audit number I bottom of all pages of the document.
(((H140	00190858 3)))
	D1908583ABC3
	erate another cover sheet.
To: Division of Cor Fax Number	porations : (850) 617-6380
Account Name Account Number Account Number Phone Fax Number DISSOLUTION	: LAZARUS CORPORATE FILING SERVICE, INC. : I20000000019 : (305)552-5973 : (305)675-5944
	OR WITHDRAWAL
Certificate of Status Certified Copy Page Count	$\frac{0}{02} A A D D$
Estimated Charge	\$35.00
Electronic Filing Menu Corpora	ite Filing Menu Help
https://efile.sunbiz.org/scripts/efilcovr.exe	1/1

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24/2032 01:05	## F + U U D T 9 08	. 002/002 58
A	RTICLES OF DISSOLUTION	
Pursuant to section 607.1403, Floric of dissolution:	a Statutes, this Florida profit corporation submits the following artic	les
FIRST: The name of the cor	css Pay Inc	
SECOND: The document numb	er of the corporation (if known): P0900034C	35
THIRD: The date dissolution	was authorized: 08-13-14	 <u> </u> . <del> </del>
Effective date of dis	Solution <u>if applicable:</u> (no more than 90 days after dissolution file date)	
FOURTH: Adoption of Dissolu	tion (CHECK ONE)	
Dissolution was was sufficient for	approved by the shareholders. The number of votes cast for dissolut or approval.	ion
Dissolution was	approved by the shareholders through voting groups.	
	ment must be separately provided for each voting group entitled on the plan to dissolve:	
The number of votes	s cast for dissolution was sufficient for approval by	
· · · · · · · · · · · · · · · · · · ·	(vating group)	
Å	27AIO	9. 82 82
	resident or other officer - if directors or officers have not been selected, by - if in the hands of a receiver, trustee, or other court appointed fiduciary, by	
Chri	stopher Marrero	
	President	
	(Title of person signing)	
:	H14000-190858	