P09000041349

(Red	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu:	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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SECRETARY OF STATE FALL SHIPS. FLORIDA

12 JUL 31 PH 4: 03

LAZARUS

CORPORATE FÎLING SERVICE

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973

•	Office Use Only
ORPORATION NAME(S) & DOCUM	MENT NUMBER(S), (if known):
(Corporation Name)	SSOCIATES, INC.
(Corporation Name)	(Document #)
(corporation realis)	· .
(Corporation Name)	(Document #)
(Corporation Name)	(Document #)
Walk in Pick up time	2.00 Certified Copy
Mail out Will wait	Photocopy Certificate of Status
NEW FILINGS	<u>AMENDMENTS</u>
Profit Not for Profit Limited Liability Domestication	Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal
Other	Merger .
OTHER FILINGS	REGISTRATION/QUALIFICATION
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark
·	Other
CR2E031(7/97)	Examiner's Initials (





July 30, 2012

LAZARUS

MIAMI, FL 33165

SUBJECT: DHPL & ASSOCIATES INC

Ref. Number: P09000047349

We have received your document for DHPL & ASSOCIATES INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the correct approval for the adoption of the dissolution.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Teresa Brown Regulatory Specialist II

Letter Number: 212A00019909

ARTICLES OF DISSOLUTION

PURSUANT TO SECTION 607.1403, FLORIDA STATULES, THIS FLORIDA PROFIT CORPORATION SUBIT THE FOLLOWING ARTICLES OF DISSOLUTION:

FIRST: THE NAME OF THE CORPORATION IS: "DHPL & ASSOCIATES, INC"

. SECOND: THE DATE DISSOLUTION WAS AUTHORIZED: 07/17/2012

THIRD: ADOPTION OF DISSOLUTION (CHECK ONE)

- X* DISSOLUTION WAS APPROVED BY THE SHAREHOLDERS. THE NUMBER OF VOTES CAST FOR DISSOLUTION WAS SUFFICIENT FOR APPROVAL.
 - * DISSOLUTION WAS APPROVED BY VOTE OF THE SHAREHOLDERS THROUGH VOTING GROUPS.

THE FOLLOWING STATEMENT MUST BE SEPRATELY PROVIDED FOR EACH VOTING GROUP ENTITLED TO VOTE SEPRATELY ON THE PLAN TO DISSOLVE:

THE	NUMBER OF VOTES CAST FOR DISSOLUTION WAS SUFFICIENT
OR APPROV	'AL BY
	(VOTING GROUP)
SIGNE	D ON THIS 17 ST Day of JULY 2012
SIGNATURE	

(BY THE CHAIRMAN OR VICE CHARIMAN OF THE BOARD, PRESIDENT, OR OTHEER OFFICER)

DOV GILBERD	
(TYPED OR PRINTED NAME)	_
PRESIDENT	
(TITLE)	