Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000196355 3)))



H1400019635634501

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I2000000019

: (305)552-5973

Phone Fax Number

: (305)675-5944

tun nombet .

## DISSOLUTION OR WITHDRAWAL ANGIE PARTY RENTAL & SUPPLIES CORP.

RECEIVED

4 AUG 20 PM 4: 46

WESTER OF STREET ON THE ON THE OWN THE OW

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

Valdis.

Electronic Filing Menu

Corporate Filing Menu

Help

8-21-

DC

## ARTICLES OF DISSOLUTION

Pursuant to of dissolution	section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles on:
FIRST:	The name of the corporation as currently filed with the Florida Department of State:  Angle Party Rental & Suppl
SECOND:	The document number of the corporation (if known): 10900051966
THIRD:	The date dissolution was authorized:
	Effective date of dissolution if applicable:  (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 entitled 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)
	ALexel Marguez (Typed or printed name of person signing)
	President
	(Title of person signing)

Filing Fee: \$35