Division of Corporations Electronic Filing Cover Sheet

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.

(((H15000120116 3)))



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 : AGI REGISTERED AGENTS, INC.

Account Number : I20000000205

Phone

: (305)416-6800

Fax Number

: (305)416-6811

DISSOLUTION OR WITHDRAWAL LENAX, INC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help



05/18/2015 11:55 3054166811

TO: Amendment Section

PAGE 02/03 (((H15000120116 3)))

COVER LETTER

Division of Corporations		
SUBJECT: LENAX, INC.		15 MAY
SOLDIEGY.		A A
DOCUMENT NUMBER: P09000066863	3	(A) 18
The enclosed Articles of Dissolution and	I fee are submitted for filin	ng.
Please return all correspondence concerni	ing this matter to the follo	wing:
Diane M. Hernandez		
(Name o	of Contact Person)	
Adams Gallinar, P.A.		
(Fi	irm/Company)	
1000 Brickell Avenue, Suite 300		
((Address)	
Miami, Florida 33131		
(City/S	tate and Zip Code)	
For further information concerning this m	natter, please call:	
Diane M. Hernandez	at (305-416-6800	
(Name of Contact Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amo	ount:	
■ \$35 Filing Fee ② \$43.75 Filing Fee & Certificate of Status		☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Ame Divi Clift	EFT ADDRESS: Indiment Section Sion of Corporations on Building Executive Center Circle

(((H150001201163)))

Tallahassee, FL 32301

(((H15000120116 3)))

ARTICLES OF DISSOLUTION

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: LENAX, INC.				
SECOND:	The document number of the corporation (if known):				
THIRD:	The date dissolution was authorized: May 11, 2015				
	Effective date of dissolution if applicable: (no more than 90 days after dissolution file date)				
	Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.				
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:	er spell			
	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 count appointed fiduciary, by that fiduciary)				
	LBONEL CASTRO				
,	(Typed or printed name of person signing)				
	Director and President				
•	(Title of person signing)				