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.

(((H10000011283 3)))



H1000000112833ABCQ

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 : I20000000019
Phone : (305)552-5973
Fax Number : (305)220-1440

DISSOLUTION OR WITHDRAWAL DOLLAR WISE TRAVEL INC

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

SECRETARY OF STATE

AFFRUYED AND FILED

Corporate Filing Menu

Help

1/18/2010 0:37 AM

H10000011283

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 S	State:	
	Dollar Wise TRAVEL INC		
SECOND:	The document number of the corporation (if known): P09 0001003	25	
THIRD:	The date dissolution was authorized: 2010		
	Bffective date of dissolution if applicable: (no more than 90 days after dissolution for	lo date)	
FOURTH:	Adoption of Dissolution (CHECK ONE)		
	Dissolution was approved by the shareholders. The number of votes east for was sufficient for approval.	or dissolution.	
	Dissolution was approved by the shareholders through voting groups.	•	
•.	The following statement must be separately provided for each voting group ento vote separately on the plan to dissolve:	titled	
	The number of votes cast for dissolution was sufficient for approval by		
			•1
	(voting group)		
		09 SEI	
		E S	ר
		>=	
	1. U. He	388 787 881	EA:
	Signature:		
	By director, president or other officer - if directors or officers have not been selected, by an interportator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by	2. كن	<u>;</u>
	that fiduciary)	of STATE FLORIDA	٠.
	ARIFULLAH SYED		
	(Typed or printed name of person signing)	·	
	President-		
	Trial F		

Filing Fee: \$35