P10000002432

(R€	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Document Number)		
Certified Copies	Certificates of Status	
Special Instructions to	Filing Officer:	

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SECRETARY OF SIAH

C.COULLIETTE

APR 2 7 2010

EXAMINER

COVER LETTER

TO: Amendment Section

Division of Corporations				
SUBJECT: Dissolution	to ~	Fraudulant Com		
DOCUMENT NUMBER: P1	000000	02432		
The enclosed Articles of Dissolution and for	ee are submitted for	r filing.		
Please return all correspondence concerning	g this matter to the	following:		
Mitchell Gary Schorr				
(Name of Contact Person)				
PEDIGOLD, INC				
(Firm/Company)				
1311 SHARAZAD BLVD suite 2				
(Ad	ddress)			
Opalocka, FL 33054				
(City/Star	te and Zip Code)			
For further information concerning this mat	ter, please call:			
m. gary schorr	at (561	7985484		
(Name of Contact Person)	(Area C	ode & Daytime Telephone Number)		
Enclosed is a check for the following amou	nt:			
✓\$35 Filing Fee \$\sum \$\\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing For Certified Copy (Additional copy enclosed)	Certificate of Status &		
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327		STREET ADDRESS: Amendment Section Division of Corporations Clifton Building		
Tallahassee FL 32314		2661 Executive Center Circle		

Tallahassee, FL 32301

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 Departme	ent of Stat	e:
	PEDIGOLD INC		
SECOND:	The document number of the corporation (if known): P1000000243	32	
THIRD:	The date dissolution was authorized: 04/20/2010		
	04/00/0040	lution file dat	dale i
FOURTH:	Adoption of Dissolution (CHECK ONE)		
	Dissolution was approved by the shareholders. The number of votes of was sufficient for approval.	cast for di	ssolution
	Dissolution was approved by the shareholders through voting groups.	•	
	The following statement must be separately provided for each voting group to vote separately on the plan to dissolve:	up entitled \$\overline{\overline{\pi}} \cong \cdots	d
	The number of votes cast for dissolution was sufficient for approval by	ECRETAN LLAHASS	P DD
	(voting group)	Y OF STATE TE FLORIDA	
	Signature: (By a director, president or other officer - if directors or officers have not been selected, an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary that fiduciary)	, by	
	mitchell schorr		
	(Typed or printed name of person signing)		
	president	·	
	(Title of person signing)		

Filing Fee: \$35

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: PEDIGOLD INC
Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution.
Description of information that must be included in a claim:
This is a fraudulant company and identity theft was used to file. Mitchell is not nor ever
was part of this corporation. The only way to dissolve according to the division of
corporations is to file this form. As the victim of identity theft I have no responsibility for
this company and I am disolving it.
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice. mitchell schorr M. A L. L.
Printed Name of the Person Filing Signature of the Person Filing
()

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00