	Note: Please print this page and use it as a cover sheet. Type the fax audit number (sheet) on the top and bottom of all pages of the document.	D O shown
	(((H12000250283 3)))	
	Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Do will generate another cover sheet.	bing so
	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 MIAMI ALL STARS MULTISERVICES INC Certificate of Status 0 Certified Copy 0 Page Count 02	SECRETARY OF STA NVISION OF CORPORAT 12 OCT 16 PH 2: 5
に強いている	Estimated Charge \$35.00	STALE 08ATI08 2:51
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OF STATE

08/28/2030 00:3	37	#6815 P.00
	H12000250283 ARTICLES OF DISSOLUTION	
Pursuant to s of dissolution	section 607.1403, Florida Statutes, this Florida profit corporation submits the follo n:	wing articles
FIRST:	The name of the corporation as currently filed with the Florida Department of S MIAMI ALL STARS MULTISERVICES	
SECOND:	The document number of the corporation (if known): P10000139	88
THIRD:	The date dissolution was authorized: 10/16/12	
	Effective date of dissolution if applicable:	e date)
FOURTH:	Adoption of Dissolution (CHECK ONE)	,
	Dissolution was approved by the shareholders. The number of votes cast for was sufficient for approval.	dissolution
	Dissolution was approved by the shareholders through voting groups.	
	The following statement must be separately provided for each voting group ent. to vote separately on the plan to dissolve:	itled
	The number of votes cast for dissolution was sufficient for approval by	12 OCT 1
		CT 16
	(voting group)	3.
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	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 than fiduciary)	
•	(Typed or printed name of person signing)	
	(Title of person signing)	
	Filing Fee: \$35	
	H12000250283	