Florida Department of State

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.

(((H11000060953 3)))



H110000809533ABCZ

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 ALIVIO AD MARKETING GROUP. INC.

Certificate of Status 0

Certified Copy 0

Page Count 02

Estimated Charge \$35.00

Electronic Filing Menu

Corporate Hiling Menu

Help

3-8-11

1 of 1

H 1 1 0 0 0 0 6 0 9 53 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 ALIVIO AD MARKETING GRA			N (
SECOND:	The document number of the corporation (if known): 100000	222	20	2
THIRD:	The date dissolution was authorized: $3-8-11$		· · · · · · · · · · · · · · · · · · ·	•
	Effective date of dissolution if applicable: (no more than 90 days after dissolution)	on file date)	,	-
FOURTH:	Adoption of Dissolution (CHECK ONE)			
	Dissolution was approved by the shareholders. The number of votes cas was sufficient for approval.	t for diss	olutic	n
	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 east for dissolution was sufficient for approval by		11 15	্লের
	(voting group)		2	\$4E
	•		œ	العنفان
			7	7:30
	_		2: 0	
	Signature:		9	
	(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)	•		•
	NEREI DA DELGADO (Typed or printed name of person signing)			
	(Typed or printed name of person signing)			
	PRESIDENT			
•	(Title of person signing)			

Filing Fee: \$35