P10000068629

(Re	questor's Name)	
(Ad	dress)	<u></u>
(Ad	dress)	—
(Cit	y/State/Zip/Phon	e #)
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SECRETARY OF STATE

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COVER LETTER

TO: Amendment Section

Division of Corporations		
SUBJECT: WOODSTARS INC		
DOCUMENT NUMBER: P10000068629)	
The enclosed Articles of Dissolution and fee are st	ubmitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
MARCOS REZENDE		
(Name of Contact	Person)	
CSG - CAPITAL SERVICES GROUP INC		
(Firm/Company)		
446 W HILLSBORO BLVD		
(Address)		
DEERFIELD BEACH, FL 33441		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
MARCOS REZENDE at	(_954) 427-4770	
(Name of Contact Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:		
Certificate of Status Certificate (Additional Certificate of Status)	75 Filing Fee & \$\sum \\$52.50 Filing Fee, fied Copy Certificate of Status & tional copy is csed) (Additional copy is enclosed)	
MAILING ADDRESS: Amendment Section	STREET ADDRESS: Amendment Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle	
i ananassee, i <i>L 523</i> i T	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 Department of State:	
	WOODSTARS INC	
SECOND:	/	
THIRD:	The date dissolution was authorized: 08/31/2011	
	Effective date of dissolution <u>if applicable:</u> 08/31/2011 (no more than 90 days after dissolution file date)	
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:	
	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 court appointed fiduciary, by that fiduciary)	
	MOAB M CALEK	
	(Typed or printed name of person signing)	
	PRESIDENT / DIRECTOR	
(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 Corpo	oration:
	tion will be the date the dissolution is filed with the Department of State or as <i>Articles of Dissolution</i> .
Description of	information that must be included in a claim:
ANY AND	ALL CLAIMS MUST BE SUBMITED TO THE COMPANY'S FORMER
ADDRESS	5.
Mailing address	s where claims can be sent: (Claims cannot be sent to the Division of Corporations)
	WOODSTARS INC
	735 SW 17TH AVE
	DELRAY BEACH, FL 33444
	
	the above named corporation will be barred unless a proceeding to enforce the claim is commenced fler the filing of this notice.
MOAB M	
	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