## P11000032986

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
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DIVISION OF CORPORATIONS
DIVISION OF CORPORATIONS
22.

AND 135 10,31,13

## **COVER LETTER**

TO: Amendment Section Division of Corporations		
SUBJECT: OISSOLUTION OF COMPUTATION		
DOCUMENT NUMBER: P11 0000 32986		
The enclosed Articles of Dissolution and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
MICHAEL PAUL MAURABANES		
(Name of Contact Person)		
MAJCOR ENTERPRISES, INC. (Firm/Company)		
(Firm/Company)		
2990 Lock Creek DR.  (Address)  Wort CHALLOTTE FT 33948  (City/State and Zin Code)		
(Address)		
VON + ("HALLOTTE FI 33948		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
MICHASC MAVRAGANES at (708) 724-4626  (Name of Contact Person) (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:		
□ \$35 Filing Fee  \$43.75 Filing Fee  \$□ \$43.75 Filing Fee  \$□ \$52.50 Filing Fee,  Certificate of Status  Certified Copy  (Additional copy is enclosed)  □ \$52.50 Filing Fee,  Certified Copy  (Additional copy is enclosed)		
MAILING ADDRESS: Amendment Section  STREET ADDRESS: Amendment Section		
Division of Corporations Division of Corporations		
P.O. Box 6327 Clifton Building		

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

## 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:		
	MAUCOR ENTERDISES INC.		
SECOND:	The document number of the corporation (if known): P110000 32986		
THIRD:	The date dissolution was authorized: 10/02//3		
	Effective date of dissolution if applicable: (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  Sole Holder of SHAPES President		
	OP 16/00 of SAMES PRESIDENT WICHTER MANGGARDS		
	Signature: Male Manager		
	(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)		
	MICHAEL P. MANRAGANES 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3		
-	(Typed or printed name of person signing)		
	President DWNER		
	(Title of person signing)		

Filing Fee: \$35