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.

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Note: DO NOT hit the REFRESH/REI OAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (8\$0)617-5380

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number: 12000000019 Phone

: (3**¢**5)552-**\$**973

Fax Number

: (305)220-1440

DISSOLUTION OR WITHDRAWAL

IGNACIOVIPSER	VICES INC.
Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.

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Corporate Filing Menu

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FILED

- <u> </u>	ARTICLES OF DISSOLUTION
D	2012 AUG 15 PM 2: 17
of dissoluti	section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles F STATE
	TALLAHASSEE FLORIDA
EID SE.	
FIRST:	The name of the corporation as currently filed with the Florida Department of State:
	IGNACIOVIPSERVICES INC.
SECOND:	The document number of the corporation (if known): P11000034162
THURD:	The date dissolution was authorized: 08-15-12
i	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
	(voting group)
	·
	and the second s
	Samuela Halle
	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, stustee, or other court appointed fiduciary, by that fiduciary)
• •	IGNACIO M. CALDERIN
	(Typed or printed name of person signing)
	DD C
	(Title of person signing)
	Filing Fee: \$35

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