P11000049894

(Requestor's Name)
(Address)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Document Number)
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COVER LETTER

TO: Amendment Section

Division of Corporations	
SUBJECT: Dissolution of Iron Lung Ent	ertainment Inc.
DOCUMENT NUMBER: P11000049894	
The enclosed Articles of Dissolution and fee are	submitted for filing.
Please return all correspondence concerning this	matter to the following:
Vicki Bender	·
(Name of Conta	ict Person)
:	
(Firm/Cor	npany)
5527 Radcliffe Rd	
(Addres	s)
Sylvania, Ohio 43560	
(City/State and	I Zip Code)
For further information concerning this matter, p	lease call:
——————————————————————————————————————	at (419) 885-1968
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
Certificate of Status Ce (Ac	13.75 Filing Fee & \$\sum \\$\$52.50 Filing Fee, crtified Copy dditional copy is nclosed) \$\sum \\$\$(Additional copy is enclosed)
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle 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:			
	Iron Lung Entertainment Inc			
SECOND:	The document number of the corporation (if known): P11000049894			
ГНIRD:	The date dissolution was authorized: June 1, 2012			
	Effective date of dissolution if applicable: July 1, 2012 (no more than 90 days after dissolution for the second days)	ile date)		
FOURTH:	Adoption of Dissolution (CHECK ONE)	2	/	
	Dissolution was approved by the shareholders. The number of votes cast f was sufficient for approval.	or diss	olution	
	Dissolution was approved by the shareholders through voting groups.			
	The following statement must be separately provided for each voting group ento vote separately on the plan to dissolve:	ıtitled		
	The number of votes cast for dissolution was sufficient for approval by			
	(voting group)	الد 125	on the same	
		N T	1051714 ***********************************	
		PH		
	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)	5 5		
	Vicki Bender			
	(Typed or printed name of person signing)			
	Officer			
	(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 Corporation: Iron Lung Entertainment Inc
Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution.
Description of information that must be included in a claim:
Name, address, and phone number of Claimant. A written description of the claim
with sufficient detail to reasonably inform the corporation of the amount and nature
of your claim.
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
Vicki Bender
5527 Radcliffe Rd
Sylvania, Ohio 43560
•
A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.
Vicki Bender ULA J.D.
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