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(((H12000229361 3)))



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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 ADRIEL SERVICE CORP

Certificate of Status	0
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Page Count	02
Estimated Charge	\$35.00

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FILED

	ARTICLES OF DISSOLUTION
Pursuant to of disspluti	section do v. 1403, 1 folian practices and thortice brothe corporation another the tonowing afficies 0/
	TALLAMAGE
FIRST:	The name of the corporation as currently filed with the Florida Department of State: ADRIEL SERVICE COM
SECOND:	The document number of the corporation (if known): P11000060553
THIRD:	The date dissolution was authorized: 09-18-72
	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)
-	
	OS CONTRACTOR OF THE PARTY OF T
	(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)
	ADRIEL ALFONSO
·	(Typed or printed name of person signing)
1	Yresident.
	(Title of person signing)
	Filing Fee: \$35

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