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Division of Corporations
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SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

**DISSOLUTION OR WITHDRAWAL
 MAGZ MEDIA MARKETING INC.**

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

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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1/16/2014 1:29:41 PM PAGE 1/001 Fax Server



January 16, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

MAGZ MEDIA MARKETING INC.
4725 NW 103RD CT
DORAL, FL 33178

SUBJECT: MAGZ MEDIA MARKETING INC.
REF: P11000102776

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document must state the date the dissolution was authorized.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis
Regulatory Specialist II

FAX Aud. #: E14000011152
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CLERK OF THE STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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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:
MAGZ MEDIA MARKETING INC.

SECOND: The document number of the corporation (if known): P11000102776

THIRD: The date dissolution was authorized: 1-16-14

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)

Signature: Denise Magarino

(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)

DENISE MAGARINO

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35

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 TALLAHASSEE, FLORIDA

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