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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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019

: (305)552-5973

Phone

Fax Number

: (305)675-5944

DISSOLUTION OR WITHDRAWAL IVDIAL. INC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

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ARTICLES OF DISSOLUTION

	The name of the corporation as currently filed with the Florida Department of IVDIAL, INC	State:		
SECOND:	The document number of the corporation (if known): P1200002909	99		
THIRD:	The date dissolution was authorized: 12/31/2014			
	Effective date of dissolution if applicable: 02/16/2015 (no more than 90 days after dissolution	file date)		
FOURTH:	Adoption of Dissolution (CHECK ONE)	The second secon		
	Dissolution was approved by the shareholders. The number of votes cast it was sufficient for approval.	for dissolution		
	☐ 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:	ntitled		
	The number of votes cast for dissolution was sufficient for approval by	,		
	(voting group)	SEC TALL		
	15711105	RETARY I		
	Signature: (By = 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 count appointed fiductary, by that fiduciary)	OF STAT		
		6 w 1		

Filing Fee: \$35

(Title of person signing)

Notice of Corporate Dissolution

	submitted by the dissolved corporation named orporation as provided in s. 607.1407, F.S.	below for resolution of payment of unkn	nown claims
This " <i>Notice o</i>	of Corporate Dissolution" is optional and is not	t required when filing a voluntary dissol	ution.
Name of Corp	poration: IVDIAL, INC		
	lution will be the date the dissolution is filed wine Articles of Dissolution.	th the Department of State or as	
Description o	f information that must be included in a claim:		
Nature of	f claim with amount along with na	me, address, and telephone	number.
			ll.
Mailing addre	ess where claims can be sent: (Claims cannot be	e sent to the Division of Corporations)	
Mailing addre	ess where claims can be sent: (Claims cannot be	e sort to the Division of Corporations)	SECI TALL
Mailing addre		,	SEURETA TALLAHAS
Mailing addre	1710 NW 105 AVENUE	,	SEURETARY O TALLAHASSEE.
Mailing addre	1710 NW 105 AVENUE	,	TALLAHASSEE, FLO
A claim agair	1710 NW 105 AVENUE	33026	SEURETARY OF STATE OF TALLAHASSEE, FLORIDA
A claim agair	1710 NW 105 AVENUE PEMBROKE PINES, FL 3	33026	וו ויזיכם

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00