(Re	equestor's Name)	
(Ad	ldress)	
(Ad	Idress)	
(Cit	ty/State/Zip/Phone	.#)
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PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
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(Do	ocument Number)	
Certified Copies Certificates of Status		
Special Instructions to	Filing Officer:	
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Office Use Only



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AUG 19 2015 C LEWIS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ENDICON GROUP INC		
DOCUMENT NUMBER: P1200009189	7	
The enclosed Articles of Dissolution and	d fee are submitted for filin	ng.
Please return all correspondence concern	ing this matter to the follo	wing:
JHON RODRIGUEZ		
(Name o	of Contact Person)	
JIREH MULTISERICES LLC		
(F	irm/Company)	
3095 S MILITARY TRAIL # 4		
(Address)	
LAKE WORTH FL 33463	•	
(City/S	tate and Zip Code)	
For further information concerning this m	natter, please call:	
JHON RODRIGUEZ	at (at	
(Name of Contact Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amo	ount:	
■ \$35 Filing Fee □ \$43.75 Filing Fee & Certificate of Status	2 □ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
MAILING ADDRESS: Amendment Section		EET ADDRESS: ndment Section

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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: ENDICON GROUP INC				
SECOND:	The document number of the corporation (if known): P12000091897		_		
THIRD:	The date dissolution was authorized: 08/17/2015				
	Effective date of dissolution if applicable: 08/17/2015				
	(no more than 90 days after dissolution to Note: If the date inserted in this block does not meet the applicable statutory filing requirement of be listed as the document's effective date on the Department of State's records.	ile date) ents, this d	ate will		
FOURTH:	Adoption of Dissolution (CHECK ONE)				
	Dissolution was approved by the shareholders. The number of votes cast for was sufficient for approval.	or dissolu	ution		
	☐ Dissolution was approved by the shareholders through voting groups.				
	The following statement must be separately provided for each voting group en to vote separately on the plan to dissolve:	ititled	_		
	The number of votes cast for dissolution was sufficient for approval by	15 AUG 14	DIVISI TE FAST		
	(voting group)	F.			
c	* (11 manamata)	1:10			
c	(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)				
	Harrina Bracho				
-	(Typed or printed name of person signing)				
-	President				
	(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: ENDICON GROUP 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:
NA
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
6742 FOREST HILL BLVD # 275
WEST PALM BEACH FL 33413
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.
Harrison Smiles
Printed Name of the Person Filing Signature of the Person Filing

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