(Address) (Address) (Address) (City/State/Zip/Phone #)	$\mathbf{)}$				
	300253651533				
Business Entity Name)					
(Document Number)     13 NOV 18 PERCENT OF STATUS       Certified Copies Certificates of Status     10 PERCENT OF STATUS       Special Instructions to Filing Officer:     10 PERCENT OF STATUS	3 				
NOV 19 2013 R. WHITE Office Use Only					

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CORPORATION SERVICE COMPANY

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	ACCOUNT NO.	:	120000000	195	
	REFERENCE	:	885624	7911395	
	AUTHORIZATION	:	Servels	Reman	
	COST LIMIT	:			
ORDER DATE :	November 14, 201	3			
ORDER TIME :	4:12 PM				
ORDER NO. :	885624-005				
CUSTOMER NO:	7911395				
	<b></b>				

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## DOMESTIC FILINGS

NAME: ELIZABETH WARNER, PA

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- \_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - EXT# 52956

EXAMINER'S INITIALS:

## ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

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FIRST:	The name of the corporation as currently filed with the Florida Department of State ELIZABETH WARNER, PA	:		
SECOND:	P12000092450 The document number of the corporation (if known):			
THIRD:	11/05/2012         The file date of the articles of incorporation:			
FOURTH:	(CHECK AT LEAST ONE BOX)			
	None of the corporation's shares have been issued.			
	The corporation has not commenced business.	SECI	13	
FIFTH:	No debt of the corporation remains unpaid.	ALIAS	VOV	<u>-n</u>
SIXTH:	The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.	RY OF S	8	LED
SEVENTH	: Adoption of Dissolution (CHECK ONE)	_ORIU	10: 00	
	A majority of the incorporators authorized the dissolution.	A	0	
	A majority of the directors authorized the dissolution.			
Sig	(By a director, president or other other - if directors or officers have not been selected, by an incorporate in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)	or - if		
	(Typed or printed name of person signing)			
	President Manue			

(Title of Person Signing)

Filing Fee: \$35

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## **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:

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:

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

320 W. ENID Drive

Key Biscayne, FL 33149

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.

Elizabeth E. Warner

Printed Name of the Person Filing

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