Division of Corporations Electronic Filing Cover Sheet

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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)675-5944

DISSOLUTION OR WITHDRAWAL CLV TRUST ENTERPRISES, INC.

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 02 |
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| | ARTICLES OF DISSOLUTION FILED |
|--------------------------------|--|
| Pursuant to : of dissolutio | section 607.1403, Florida Statutes, this Florida profit corporation handle for for the form of the for |
| FIR S T: | The name of the corporation as currently filed with the Florida Department State FLORIDA CLV TRUST ENTERPRISES, NC. |
| SECOND: | The document number of the corporation (if known): P 13000035061 |
| THIRD: | The date dissolution was authorized: 9-26-2014 |
| | 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 |
| | (volmag group) |
| | Signature: |
| | (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, treatas, or other court appointed fiduciary, by that fiduciary) |
| | CARLOS L. VALOR'S |
| | (Typed or printed same of petion signing) |

Filing Fee: \$35

PRESIDENT (Title of person signing)