

P13000067495

**Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet**

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.

(((H14000085557 3)))



H140000855573AEC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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) 220-1440

**DISSOLUTION OR WITHDRAWAL
OPTIMUS PRESERVATION SERVICES CORP.**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$35.00 |

Electronic Filing Menu

Corporate Filing Menu

RECEIVED

14 APR 10 AM 8:31

He
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 APR 10 AM 9:09

FILED

APR 11 2014

C. CARROLL

H14000085557

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:
OPTIMUS PRESERVATION SERVICES CORP.

SECOND: The document number of the corporation (if known): P13000067495

THIRD: The date dissolution was authorized: 4-9-14

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: _____

(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)

RONIEL MILIAN

(Typed or printed name of person signing)

PD

(Title of person signing)

Filing Fee: \$35

H14000085557

FILED
14 APR 10 AM 9:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA