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 : I2000000019

Phone

: (305)552-5973

Fax Number

: (305)675-5944

### DISSOLUTION OR WITHDRAWAL **CSTONE TOOLS INC.**

Certificate of Status	0
Certified Copy	6
Page Count	03
Estimated Charge	\$35.00

**Electronic Filing Menu** 

Corporate Filing Menu

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FEB 2 5 2016

# H160000480 16

#### ARTICLES OF DISSOLUTION

FIRST:	The name of the corporation as currently filed with the Florida Department of State:		
	CSTONE TOOLS INC.		
SECOND:	The document number of the corporation (if known):		
THIRD:	The date dissolution was authorized:		
	Effective date of dissolution if applicable:  (no more than 90 days after dissolution file date)	.	
	Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date we not be listed as the document's effective date on the Department of State's records.	vil	
FOURTH:	Adoption of Dissolution (CHECK ONE)		
	Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.	)II	
	☐ Dissolution was approved by the shareholders through voting groups. ☐		
	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:	6.0	
	The number of votes cast for dissolution was sufficient for approval by		
	(voting group)	-	
	Signature: Mou		
	(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, prostee, or other court appointed fiduciary, by that fiduciary)		
	MARCO A GUADA OTATZA		
	(Typed or printed name of person signing)		
	VICE 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:	
Date of dissolution will be the date the dissolution is filed with the Despecified in the Articles of Dissolution.	epartment of State or as
Description of information that must be included in a claim:	
STORE NO LONGER IN USE	
Mailing address where claims can be sent: (Claims cannot be sent to 1701 WEST 8TH AVE	the Division of Corporations)
HIALEAH, FL 33010	
A claim against the above named corporation will be barred unless a within 4 years after the filing of this notice.	proceeding to enforce the claim is commenced
Printed Name of the Person Filing	Signature of the Person Filing

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