

F1400054588

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.

(((H16000243606 3)))



H160002436063ABC

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 : CORPORATE CREATIONS INTERNATIONAL INC.
 Account Number : 110432003053
 Phone : (561)694-8107
 Fax Number : (561)694-1639

VD

SEP 30 2016

R. WHITE

**DISSOLUTION OR WITHDRAWAL
VOICELESS ARTISTS, INC.**

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

RECEIVED
16 SEP 30 AM 12:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 SEP 30 AM 8:32
F11 000

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:

Voiceless Artists, Inc.

SECOND: The document number of the corporation (if known): P14000054588

THIRD: The date dissolution was authorized: August 17, 2016

Effective date of dissolution if applicable: _____
(no more than 90 days after dissolution file date)

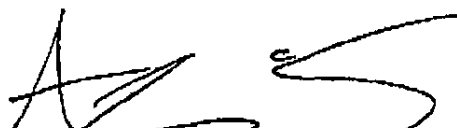
FOURTH: Adoption of Dissolution (CHECK ONE)

- 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)

Aaron Saltzman

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35

FILED
16 SEP 30 AM 8:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA