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Florida Department of State

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 : I2000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

DISSOLUTION OR WITHDRAWAL

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			ARTICLES OF DISSOLUTION	H.180 0 0 2 4 7 4	` ~O WQZ
Pursuan of disso	t to section lution:	a 607.1403, Flor	ida Statutes, this Florida profit corporatio	on submits the following artic	TATT.
FIRST:	The	name of the co	poration as currently filed with the Florid $INVESTORS$	da Department of State:	_
SECON	D: The	document num	ber of the corporation (if known): $\underline{P1E}$	5000051791	-
THIRD:)) 	_		
	Effe	ective date of dis	ssolution if applicable:		
	Note not h	If the date inserts be listed as the docu	(no more than 90) ed in this block does not meet the applicable statu iment's effective date on the Department of State?	days after dissolution file date) tory filing requirements, this date w 's records.	viłl
FOURT	H: Ado	ption of Dissolu	ation (CHECK ONE)		
	A	Dissolution was was sufficient fo	approved by the shareholders. The numb or approval.	er of votes cast for dissolutio	'n
		Dissolution was	approved by the shareholders through vo	oting groups.	
	The to v	following stater tote separately c	nent must be separately provided for each in the plan to dissolve:	h voting group entitled	
	The	number of votes	cast for dissolution was sufficient for app	proval by	
			(voting group)		
	Signatu	(By a director, pr	esident or other officer / if directors or other court appe	> t been selected, by	
		that fiduciary)	0		
		VICT	DR M Bravo yped or printed name of person signing))	
		,	P		
			(Title of person signing)	<u> </u>	

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