

09/15/2016

14:19

0052201440

LAZARUS

PAGE 01/01

P15000090733

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.

(((H16000229750 3)))



H160002297503ABC%

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)675-5944

**DISSOLUTION OR WITHDRAWAL
UNITY CONSULTING SERVICE INC**

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

FILED
16 SEP 15 AM 3:32
TALLAHASSEE, FLORIDA

FILED
16 SEP 15 AM 9:19
TALLAHASSEE, FLORIDA

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

VD

SEP 16 2016

D CONNELL

H16000229750

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:

Unity Consulting Service Inc

SECOND: The document number of the corporation (if known): 0915000090733

THIRD: The date dissolution was authorized: 9-15-16

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: Oswaldo D. Caceres

(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)

Oswaldo D Caceres

(Typed or printed name of person signing)

P/D

(Title of person signing)

Filing Fee: \$35

H16000229750

SECRETARY OF STATE
FLORIDA

16 SEP 15 AM 9:19

FILED