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.

(((H19000181245 3)))



H190001812453ABC+

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)517-6380

From:

Account Name

: LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : T20000000019 Phone

: (305)552-5973

Fax Number

: (305)675-5944

## DISSOLUTION OR WITHDRAWAL RUBEN PIZZA, CORP

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

Electronic Filing Menu

Corporate Filing Menu

Help

JUN 10 2019

S. YOUNG

## ARTICLE OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

atticles or disso	bution.
FIRST:	The name of the corporation as currently filed with the Florida Department of State:
	RUBEN PIZZA, CORP
SECOND:	The document number of the corporation ( if Known ): P17000014108
THIRD:	The date dissolution was authorized: JUNE 06, 2019
	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 1. To vote separately on the plan to dissolve:
	The number of votes cast for dissolution was sufficient for approval by
	<u> </u>
	( 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 )
	GALINA SULSKIS
	( type or printed name of person signing )
	PRESIDENT
	( Title of person signing )