Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

: (850)617-6380

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019

Phone

: (305)552-5973

Fax Number

: (305)675-5944

## DISSOLUTION OR WITHDRAWAL TRUSTKEY SECURITY ALARM AND CAMERAS, INC.

|                       | The Contract of the Contract o |
|-----------------------|--|
| Certificate of Status | 0  |
| Certified Copy        | 0  |
| Page Count            | 02   |
| Estimated Charge      | \$35.00  |

Electronic Filing Menu

Corporate Filing Menu

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|   | A DOLLOW —  |  |
|---|---|--|
| December  | ARTICLES OF DISSOLUTION   |  |
| of dissolut   | o section 607.1403, Florida Statutes, this Florida profit and   |  |
|   | o section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles                |  |
| FIRST:  |   |  |
|   | The name of the corporation as currently filed with the Florida Department of State:                                |  |
|   | CAMERICA SECURITY ALARM AND   |  |
| SECOND:   |   |  |
| THIRD:  | The document number of the corporation (if known): P180077690   |  |
| TARRED;   | The date dissolution was authorized:  |  |
|   | 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.   |  |
| I ne following statement must be  |   |  |
|   |   |  |
| The number of votes cast for dissolution was sufficient for approval by |   |  |
|   | Total approval by   |  |
|   |   |  |
| (voting group)  |   |  |
|   |   |  |
|   | .0 ()   |  |
| Sig   | nature: St.)—.  |  |
|   | (By a director, president or other att  |  |
|   | an incorporator - if in the hands of a receiver, rustee, or other court appointed fiduciary, by                     |  |
|   | Vacati  |  |
| - JUSSEL ESCIVIVEL  |   |  |
| (Typed or printed name of person signing)                               |   |  |
| +RESIDENIT  |   |  |
| (Title of person signing)   |   |  |

Filing Fee: \$35