P9200003901

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	<i>⇒</i> #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

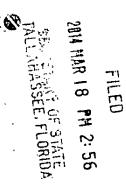
Office Use Only



200257786612

notice

03/18/14--01004--017 **35.00



3/19/14

· COVER LETTER

Division of Corporations
SUBJECT: Notice of Corporale Dissolution
DOCUMENT NUMBER: 7920000 3907 .
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Carlos Bracho
(Name of Contact Person)
Tochricon Co. Inc.
(Firm/Company)
4207 30th Lang East (Address)
B0548 17, notrobard
(City/State and Zip Code)
For further information concerning this matter, please call: at (214) 799 3664
(Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$\to\$
MAILING ADDRESS: Amondment Section
Amendment Section Amendment Section Division of Corporations Division of Corporations
P.O. Box 6327 Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF DISSOLUTION

Pursuant to s of dissolutio	section 607.1403, Florida Statutes, this Florida profit corporation submits the following article n:		
FIRST:	mail Allian		
riksi:	The name of the corporation as currently filed with the Florida Department of State:		
	Technicon Co, Inc.		
SECOND:	The document number of the corporation (if known): $\frac{(1000000390)}{(1000000390)}$		
THIRD:	The date dissolution was authorized: 12/31/2013		
	Effective date of dissolution if applicable:		
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)		
S	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)		
	(Typed or printed name of person signing)		
	MGRM D (Title of person signing)		

Filing Fee: \$35

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution. ladiración Co. Name of Corporation:_ Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution. Description of information that must be included in a claim: Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice. Agnature of the Person Filing Printed Name of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00