

P94000021965

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.

((H11000096789 3)))



H110000967893ABC8

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)220-1440

DISSOLUTION OR WITHDRAWAL
WOOD PERFECT INC.

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

RECEIVED
11 APR 13 AM 8:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 APR 13 PM 2:23
FILED

Electronic Filing Menu Corporate Filing Menu Help

Voldis.
04-13-11

H11000096789

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:

WOOD PERFECT INC.

SECOND: The document number of the corporation (if known): P94000021965

THIRD: The date dissolution was authorized: 4-13-2011

Effective date of dissolution if applicable: (no more than 90 days after dissolution file date)

FOURTH: Adoption of Dissolution (CHECK ONE)

[X] 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)

11 APR 13 PM 2:27

Signature: [Handwritten 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)

Guillermo Cruz

(Typed or printed name of person signing)

D/P

(Title of person signing)

Filing Fee: \$35

H11000096789