

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	-
(Cit	ty/State/Zip/Phone	: #)
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PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nam	ne)
(Dr	ocument Number)	
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Certified Copies	_ Certificates	of Status
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VD JUL 28 2017 **COVER LETTER**

TO: Amendment Section	
Division of Corporations	
SUBJECT: Dissolve Corporation	
DOCUMENT NUMBER: P95000017947	<u>.</u>
The enclosed Articles of Dissolution and fee are subm	itted for filing.
Please return all correspondence concerning this matter	r to the following:
Debra L. Capone	
(Name of Contact Per	son)
Debex Inc.	
(Firm/Company))
611 East Chapel Ave.	
(Address)	
Cherry Hill NJ. 08034	
(City/State and Zip (Code)
For further information concerning this matter, please of	call:
Debra L. Capone 85	6-616-9011 ext. 227
(Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount:	
Certificate of Status Certified	al copy is Certified Copy
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

Pursuant to of dissoluti	o section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles ion:
FIRST:	The name of the corporation as currently filed with the Florida Department of State: Debex Inc.
SECOND:	The document number of the corporation (if known):
THIRD:	The date dissolution was authorized: 7/1/17
	Effective date of dissolution if applicable: 7/1/17
	Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
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: (By infrector, president or other officer - It directors or officers have not been selected, by an incorporator - it in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)
	Debra L. Capone
	(Typed or printed name of person signing)
	President
	(Title of person signing)