12/08/ Division of corporations

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.

(((H110002884763)))



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

: TRIVEST SERVICE CORPORATION

Account Number : 120020000111 Phone

: (305)858-2200

Fax Number

: (305)858-1629

DISSOLUTION OR WITHDRAWAL TRIVEST EQUITIES, INC.

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

Electronic Filing Menu

Corporate Filing Menu

Help

12/8/2011

÷.

3058581629

DAVID GERSHMAN ESQ



PAGE 02/02

(((H110002884763)))

ARTICLES OF DISSOLUTION

2011 DEC -8

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submiss firstfollowing articles TALLAHASSEE.FLORID/ of dissolution: The name of the corporation as currently filed with the Florida Department of State: FIRST: Trivest Equities, Inc. The document number of the corporation (if known): SECOND: The date dissolution was authorized: December 08, 2011 THIRD: Effective date of dissolution if applicable: December 31, 2011 (no more than 90 days after dissolution file date) FOURTH: Adoption of Dissolution (CHECK ONE) Dissolution was approved by the sharcholders. The number of votes cast for dissolution was sufficient for approval. Dissolution was approved by of 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 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) David Gershman (Typed or printed name of person signing) Secretary (Title of person signing)

Filing Fee: \$35

(((H11000288476 3)))