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(((H120002859393)))



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Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name: ; DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A. Account Number : 076077001702

Phone : (407)841-1200

Fax Number : (407)423-1831

> DISSOLUTION OR WITHDRAWAL MAZAK PROPERTIES, INC.

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12/6/2012



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:	
	Mazak Properties, Inc.		
SECOND:	The document number of the corporation (if known): P95000035440		
THIRD:	The date dissolution was authorized: December 4	, 20	12
	Effective date of dissolution if applicable: (no more than 90 days after dissolution f	ile date)	
FOURTH:	Adoption of Dissolution (CHECK ONE)		
	Dissolution was approved by the shareholders. The number of votes cast f was sufficient for approval.	or disso	lution
•	Dissolution was approved by the shareholders through voting groups.		
	The following statement must be separately provided for each voting group ento vote separately on the plan to dissolve:	ititled	
	The number of votes cast for dissolution was sufficient for approval by		
	(voling 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 apprinted fiduciary, by that fiduciary)	12 DEC -6 PH 2: 4.0	SECRETARY OF SIALL
	Reba Y. Mazak (Typed or printed name of person signing)		W.
	President		
	(Title of person signing)		

Filing Fee: \$35

DEAN MEAD ORLANDO (((H12000285939 3)))



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 2 voluntary dissolution.

Name of Corporation: Mazak Properties, Inc.
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:
Name of Claimant:
Address of Claimant:
Amount of Claim:
Basis of Claim:
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) P. O. Box 555
Webster, FL 33597
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.
Reba Y. Mazak Printed Name of the Person Filling Signature of the Person Filling

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