P950000,77362

		1002
Req	uestor's Name	TATE OF THE BOLLY
	Address	MASA, Ay
City/State/2	Zip Phone #	Office Use Only
CORPORATION	NAME(S) & DOCUMENT NUMBER	(S), (if known):
1. Post mass	Gers INC. pration Name) (Documen Documen	
1. Largo	oration Name) (Documen 33778 Oration Name) (Documen	
4. (Corp	oration Name) (Documen	t #)
☐ Walk in	Pick up time	Certified Copy
☐ Mail out ☐	Will wait Photocopy	Certificate of Status
NEW FILINGS	AMENDMENTS	7000027874570
Profit	Amendment	70002787457-0 -02/25/9901070016 ******52.50 ******52.50
NonProfit	Resignation of R.A., Officer/ Director	32:00 hammac.50
Limited Liability	Change of Registered Agent	
Domestication	Dissölution/Withdrawal	
Other	Merger	
OTHER FILINGS	REGISTRATION/	
	QUALIFICATION	
Annual Report	Foreign	
Fictitious Name	Limited Partnership	Voldis
Name Reservation	Reinstatement	
	Trademark	VS MAR 2 1999
	Other	AO SIMIL T 1555
		-
PACCASA (05)		Examiner's Initials

CR2E031(1/95)

ARTICLES OF DISSOLUTION

FILED

99 FEB 25 AM 8: 47

SECRETARY OF STATE

SECRETARY OF STATE
Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST:	The name of the corporation is: POSTMASIERS, INC.	_
SECOND:	The date dissolution was authorized: $\frac{2}{17/99}$	- . / .:-
THIRD:	Adoption of Dissolution (CHECK ONE)	
Disse was	olution was approved by the shareholders. The number of votes cast for dissolution sufficient for approval.	
☐ Disse	olution was approved by vote of the shareholders through voting groups.	
	he following statement must be separately provided for each voting group ntitled to vote separately on the plan to dissolve:	
The	number of votes cast for dissolution was sufficient for approval by	
•	(voting group)	
Signe	d this <u>23</u> day of <u>FEBRUAR</u> , 19 99.	
Signature _	(By the Chairman or Vice Chairman of the Board, President, or other officer)	a‴ ₹
	MARCUA A FRANCOFUR (Typed or printed name)	· ====================================
	PRESIDENT (Title)	. <u></u>