- 96000011678

| (Req | uestor's Name) | |
|----------------------------|-----------------|-------------|
| (Addı | race) | |
| (Addi | C35) | |
| (Addı | ress) | |
| (City/ | State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Busi | ness Entity Nar | ne) |
| (Doct | ument Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to Fi | ling Officer: | |
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Office Use Only



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COVER LETTER

| TO: Amendment Section Division of Corporations |
|--|
| SUBJECT: DISSOLUTION OF CORPORATION |
| DOCUMENT NUMBER: <u>P96 0000 1/678</u> |
| The enclosed Articles of Dissolution and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| BOUG ZEMSKY (Name of Person) |
| |
| DC CAPITAL GIZOUP INC (Name of Firm/Company) |
| (Name of Firm/Company) |
| 2700 N 294 AUE # 305 (Address) |
| (Address) MUlywood, FC 33009 (City/State/and Zip Code) |
| For further information concerning this matter, please call: |
| OOU 6 Ems Ly at (365) 4098477 (Area Code & Daytime Telephone Number) |
| Enclosed is a check for the following amount: |
| \$35 Filing Fee \$43.75 Filing Fee & \$43.75 Filing Fee & \$52.50 Filing Fee, Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional copy is enclosed) |
| MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines Street |

Tallahassee, Florida 32399

Tallahassee, Florida 32314

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles

| of dissolut | ion: | | |
|-------------|---|--|--|
| FIRST: | The name of the corporation as currently filed with the Florida Department of State: | | |
| | Dic. CAPITAL GROUP, INC. | | |
| SECOND: | The document number of the corporation (if known): <u>P9600011678</u> | | |
| THIRD: | The date dissolution was authorized: 4165 | | |
| | Effective date of dissolution if applicable: C C C C C (no more than 90 days after dissolution file date) | | |
| 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 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 | | |
| | N/A SAFE ST | | |
| | (voting group) | | |
| | Signed this 6 day of JUNE, 2005. | | |
| | 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, frustee, or other court appointed fiduciary, by that fiduciary) | | |
| | LOUB CEMSKY | | |
| | (Typed or printed name of person signing) | | |
| | PRESIDENT | | |
| | (Title of person signing) | | |

Filing Fee: \$35

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 a voluntary dissolution. SC CAPITAL CROUPING. 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 VENDOR, ADDRESS OF VENDOR, FLEPHONE # OF VENDOR, GOODS OR SERVICES PROVIDED BY VENDOR, DATES THEY WERE DELLUEZED, CORPORATE OFFICER TOUT Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) MANDACE, FC 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.

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