197000065477

(Re	equestor's Name)	
	•	
(Ac	ldress)	
(Ac	ldress)	•
(Cit	ty/State/Zip/Phone	e #)
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TALLAHASSEE, FLORIDA

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C.COULLIETTE

FEB 1 1 2009

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations
Division of Corporations
SUBJECT: DISSOLUTION OF CORPORATION
DOCUMENT NUMBER: P97000065477
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
HECTOR F ORTIZ
(Name of Contact Person)
(Firm/Company)
5019 NW 113 AVENUE
(Address)
CORAL SPRINGS, FLORIDA 33076
(City/State and Zip Code)
For further information concerning this matter, please call:
HECTOR F. ORTIZ at (954) 796-4332
(Name of Contact Person) (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 Certificate of Status & Certified Copy (Additional copy is enclosed) (Additional copy is enclosed)
MAILING ADDRESS: STREET ADDRESS:

Amendment Section

Clifton Building

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

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:			
	INVOGA CORPORATION			
SECOND:	The document number of the corporation (if known): P97000065477			
THIRD:	The date dissolution was authorized: JUNE 29, 2008			
	Effective date of dissolution <u>if applicable</u> : JULY 1, 2008 (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 dissolutio 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) ARY OF STATE CORL			
	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)			
	HECTOR F. ORTIZ			
	(Typed or printed name of person signing)			
	DIRECTOR			
	(Title of person signing)			

Filing Fee: \$35