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.

(((H110000757023)))



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 : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)532-5973 Fex Number : (305)220~1440

DISSOLUTION OR WITHDRAWAL ARCE TRANSPORTATION AND DELIVERY SERV. INC.

Certificate of Status

Certified Copy

0 02

Page Count

Estimated Charge

\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

H11000075702

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: |
|---------|--|
| | ARCE TRANSPORTATION and DELIVERY SERV. INC |
| SECOND: | The document number of the corporation (if known): P99000051623 |
| THIRD: | The date dissolution was authorized: 03-22-11 |
| | Effective date of dissolution if applicable: (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 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) |
| | |
| 3 | Signature: (By a processor, 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 ARCE |
| | (Typed or printed name of person signing) |
| _ | President. |
| , | (Title of person signing) |

Filing Fee: \$35