5/7/19

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(City	//State/Zip/Phon	e #)
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SEUNE PART LI STATE



COVER LETTER

Division of Corporations			
SUBJECT: DISSOLUTION OF (CORPORATION		
DOCUMENT NUMBER:S17/19			
The enclosed Articles of Dissolution and fee are subr	mitted for filing.		
Please return all correspondence concerning this matte	er to the following:		
RON POR	GES		
(Name of Contact Pe	rson)		
VALOORE TNC. (Firm/Company)			
1907 E. 7 (Address)	Ave.		
(Address) TAMPA, FLOR			
(City/State and Zip Code)			
For further information concerning this matter, please	call:		
Ron Porges at (813 340-2667 (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:			
	d Copy Certificate of Status & Certified Copy		
MAILING ADDRESS: Amendment Section	STREET ADDRESS: Amendment Section		
Division of Corporations	Division of Corporations		
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		

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:		
	VALDORE, INC.		
SECOND:	The document number of the corporation (if known): 5/7/19		
THIRD:	The date dissolution was authorized: 4-20-06		
	Effective date of dissolution if applicable: 4-20-06 (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		
	(voting group) (voting group) (voting 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 appointed fiduciary, by that fiduciary)		
	RONALD PORGES		
	(Typed or printed name of person signing)		
	(Title of person signing)		

Filing Fee: \$35