

VOS402

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 205-0380

From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850) 521-1000
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RECEIVED

06 JUL 26 AM 8:00

DIVISION OF CORPORATIONS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 JUL 25 PM 3:10

FILED

DISSOLUTION OR WITHDRAWAL

SUPER GRAFIX, INC.

Certificate of Status	0
Certified Copy	0
Page Count	035
Estimated Charge	\$35.00

Amanda Hadden Ext 2953

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July 26, 2006

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SUPER GRAFIX, INC.
11900 BISPAYNE BLVD.
SUITE 620
MIAMI, FL 33181US

SUBJECT: SUPER GRAFIX, INC.
REF: V05402

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document must state the date the dissolution was authorized.

If you have any questions concerning the filing of your document, please call (850) 245-6878.

Alan Crum
Document Specialist

FAX Aud. #: H06000188607
Letter Number: 706A00047274

Please Resubmit and
Give original date of
Submission as File date.

P.O BOX 6327 - Tallahassee, Florida 32314

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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
SUPER GRAFIX, INC

SECOND: The document number of the corporation (if known): V05402

THIRD: The date dissolution was authorized: 05/29/2006
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 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)

Signature: Elaine Stein

(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)

Elaine Stein

(Typed or printed name of person signing)

Secretary

(Title of person signing)

Filing Fee: \$35

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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.

Name of Corporation: SUPER GRAFIX, INC.

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:

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Davis & Gilbert LLP, 1740 Broadway, New York, New York 10019

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.

Elaine Stein

Printed Name of the Person Filing

Elaine Stein

Signature of the Person Filing

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

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