## V50393

(Re	equestor's Name)	
(Ac	ldress)	
(AC	ldress)	
(Cit	ty/State/Zip/Phone	. #\
(Or	tyrotaterziph none	• •• /
_	_	
PICK-UP		MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	_
A 100 1 A 1	and the state of	
Certified Copies Certificates of Status		
Special Instructions to	Filing Officer:	
		<b> </b> -
		į
		[
		į

Office Use Only



700158917847

70015891784.7 08/11/09--01026--003 \*\*43.75

O9 AUG 24 PM 3: 31
SEGRETARY OF STATE

101m Diss. 08/26/09



## FLORIDA DEPARTMENT OF STATE Division of Corporations

August 14, 2009

IMAD S. QUBAIN 522 S.W. PORT ST. LUCIE BLVD. PORT ST. LUCIE, FL 34953

SUBJECT: PRO - 1 GROUP, INC.

Ref. Number: V50393

We have received your document and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

If the dissolution was approved by the shareholders and if voting by voting groups was required, a statement that the number cast for dissolution was sufficient for approval must be separately provided for each voting group entitled to vote separately on the dissolution. The name(s) of each voting group(s) should be indicated.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6906.

Darlene Connell Regulatory Specialist II

,

Letter Number: 909A00027784

. August 20, 2009

Darlene Connell Regulatory Specialist II

Re: Letter Number 909A00027784 Subject: PRO-1 GROUP, INC.

Ref NumberL V50393

We are returning the attached corrected document and check(s) totaling \$43.75 for filing.

The document has been corrected as to the appropriate checkmark for dissolution.

Sincerely,

IMAD S QUBAIN

522 SW Port St Lucie Blvd

Port St Lucie, FL 34953

## **COVER LETTER**

TO: Amendment Section

Division of Corporations	
SUBJECT: PRO-1 GROUP INC	
\/F0000	
DOCUMENT NUMBER: V50393	
The enclosed Articles of Dissolution and fee are submi	itted for filing.
Please return all correspondence concerning this matter	to the following:
IMAD S QUBAIN	
(Name of Contact Pers	son)
PRO-1 GROUP INC	
(Firm/Company)	
522 SW PORT ST LUCIE BLVD	
(Address)	
PORT ST LUCIE, FL 34953	
(City/State and Zip C	ode)
For further information concerning this matter, please c	all:
IMAD S QUBAIN at ( 7	72 370-6000
(Name of Contact Person) (A	Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
□\$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 F  Certificate of Status Certified (Additional enclosed)	Copy Certificate of Status & Certified Copy
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Amendment Section Division of Corporations 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 Departmen	t of State:	
	PRO-1 GROUP INC.	_	
SECOND:	The document number of the corporation (if known): V50393		_
THIRD:	The date dissolution was authorized: 06/30/2009		_
	Effective date of dissolution <u>if applicable</u> : 06/30/2009  (no more than 90 days after dissolution)	tion file date)	
FOURTH:	Adoption of Dissolution (CHECK ONE)		
	Dissolution was approved by the shareholders. The number of votes ca was sufficient for approval.	st for dissoluti	ion
	Dissolution was approved by the shareholders through voting groups.		
	The following statement must be separately provided for each voting group to vote separately on the plan to dissolve:	p entitled	
	The number of votes cast for dissolution was sufficient for approval by	A 8	
	OFFICERS	- CO	
	(voting group)	SSE SSE	i i
		M 3: 31 OF STATE E FLORIDA	6
	(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)		
	IMAD S QUBAIN		
	(Typed or printed name of person signing)	-	
	PRESIDENT		
	(Title of person signing)	-	

Filing Fee: \$35