Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO &/BOZARTH

Account Number : 076077001702 Phone : (407)841-1200

Fax Number : (407)423-1831

DISSOLUTION OR WITHDRAWAL WP VOICE, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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Help

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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: WP VOICE. INC.				
SECOND:	The document number of the corporation (if known):				
THIRD:	The date dissolution was authorized:				
	Effective date of dissolution if applicable:				
	(no more than 90 days after dissolution file dete) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date w not be listed as the document's effective date on the Department of State's records.				
FOURTH:	Dissolution was approved by the shareholders, in the manner required by this charter and the articles of incorporation.				
	an incorporator - if in the hands of a receiver, trustee, or other down appointed fiduciary, by that fiduciary)				
	Anne Mooney				
	(Typed or printed name of person signing)				
	President				
•	(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: WP VOICE, INC.			
The above named corporation is the subject of dissolution and the effective date of a disso	lution is: _		
upon filing			
(date filed with the Dept. if date specified in the Articles of Dissolution)			
Description of information that must be included in a claim:		202	
Name of Claimant:	;	3 JU	
Address of Claimant:		-8	- 12122 - 12221
Amount of Claim:			
Basis of Claim:	21:	8:5	
Mailing address where written claims can be sent: (Claims cannot be sent to the Division of 700 Melrose Avenue, G-1	or Corporal	uons)	
Winter Park, FL 32789			
A claim against the above named corporation will be barred unless a proceeding to enforce within 4 years after the filing of this notice.	the claim	is com	menced
Anne Mooney	Moo	و ۾ يا	A
Printed Name of the Person Filing Signature of the	Person Filing	3	

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