P97000097240

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SECRETARY OF STATE
ALLARASSES FLORIDA

Diss. W/Notice

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COVER LETTER

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations SUBJECT: Dissolution of Merchant Processing, Inc DOCUMENT NUMBER: P97000097240 The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: O. Sam Ackley (Name of Contact Person) Merchant Processing, Inc. (Firm/Company) 1101 Miranda Láne (Address) Kissimmee, FL 34741 (City/State and Zip Code) For further information concerning this matter, please call: (Area Code & Daytime Telephone Number) O. Sam Ackley (Name of Contact Person) Enclosed is a check for the following amount: ✓\$35 Filing Fee States Filing Fee & States Filing Fee & States Filing Fee, Certificate of Status Certified Copy Certificate of Status & (Additional copy is Certified Copy (Additional copy is enclosed) enclosed) **MAILING ADDRESS:** STREET ADDRESS: Amendment Section Amendment Section **Division of Corporations** Division of Corporations P.O. Box 6327 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:		
	Merchant Processing, Inc.		
SECOND:	The document number of the corporation (if known): P97000097240		
THIRD:	The date dissolution was authorized: 1/1/2012		
	Effective date of dissolution <u>if applicable</u> : 1/1/2012 (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		
	Ä., 2		
	(voting group) AHASSEE		
	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)		
	O. Sam Ackley (Typed or printed name of person signing)		
	(1) ped of printed name of person signing)		
	President		
	(Title of person signing)		

Filing Fee: \$35

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:_Merchant Processing, 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: Any claim submitted must include the nature of the claim and documentation establishing the claim. Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 1101 Miranda Lane Kissimmee, FL 34741 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. O. Sam Ackley Printed Name of the Person Filing

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