## F04000005814

| 19t ·                                   | _                | i                                     |
|---|------------------|---------------------------------------|
| (Re                                     | questor's Name   | )                                     |
|   |                  |                                       |
| //                                      | dress)           |                                       |
| (Au                                     | uiess)           |                                       |
|   |                  |                                       |
| (Ad                                     | dress)           |                                       |
|   |                  |                                       |
|   |                  |                                       |
| (Cit                                    | y/State/Zip/Phor | ne #)                                 |
|   |                  |                                       |
| PICK-UP                                 | . 🔲 WAIT         | MAIL                                  |
|   |                  |                                       |
|   |                  |                                       |
| (Bu                                     | siness Entity Na | me)                                   |
|   |                  |                                       |
| (Da                                     | cument Number    | · · · · · · · · · · · · · · · · · · · |
| (20)                                    | cument number    | )                                     |
|   |                  |                                       |
| Pertified Copies Certificates of Status |                  |                                       |
|   |                  |                                       |
|   | ·                |                                       |
| Special Instructions to I               | Filing Officer:  |                                       |
|   |                  | !                                     |
|   |                  |                                       |
|   |                  | İ                                     |
|   |                  |                                       |
| i                                       |                  | •                                     |
|   |                  |                                       |
|   |                  |                                       |
|   |                  |                                       |
| <u> </u>                                |                  |                                       |





400048414544

04/04/05--01031--011 \*\*35.00





## **COVER LETTER**

TO: Amendment Section

| Division of Corporations   |   |
|--|---|
| SUBJECT: Articles of   | Dissolution   |
| DOCUMENT NUMBER:   |   |
| The enclosed Articles of Dissolution and fe  | ee are submitted for filing.  |
| Please return all correspondence concerning  | this matter to the following:   |
| Troy James   | o of Powers)  |
| •  | irm/Company)  |
| 9250 Stratton R  | • • • •   |
| SAlem, of 444<br>(City/State   |   |
| For further information concerning this matt   |   |
| Troy James (Name of Person)  | at (330) 360-898) (Area Code & Daytime Telephone Number)  |
| Enclosed is a check for the following amour  | nt:   |
| \$35 Filing Fee \$\omega\$ \$43.75 Filing Fee & Certificate of Status                                | □ \$43.75 Filing Fee & □ \$52.50 Filing Fee, Certified Copy (Additional copy is enclosed)  □ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed) |
| MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 | STREET ADDRESS: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399  |

## APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

| Mobile Finance, INC.  |
|---|
| (Name of Corporation)   |
| (Document Number of Corporation (if known)  |
| (Incorporated Under Laws of)  |
| This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.  |
| This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida. |
| The following is a current mailing address for the corporation:   |
| •   |
| 9250 Strakton Rd. (Mailing Address)   |
| Salem ON 44460 (City/State/Zip)  ARR ARR  |
| The corporation agrees to notify the Department of State in the future of any change in its mailing address.  |
| (Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)  (Typed or printed name of person signing)  (Title of person signing)   |

FILING FEE \$35