

F08000003743

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6380

\*Please  
note 1/1/2012

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

effective  
date!

**DISSOLUTION OR WITHDRAWAL  
CAPITAL STREAM, INC.**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 03      |
| Estimated Charge      | \$35.00 |

RECEIVED  
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TALLAHASSEE, FLORIDA

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**EFFECTIVE DATE**

1-1-12

Brain 12-22-11

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CAPITAL STREAM, INC.

(Name of Corporation)

**DOCUMENT NUMBER:** F08000003743

The enclosed withdrawal application and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

(Name of Person)

(Firm/Company)

(Address)

(City/State and Zip code)

For further information concerning this matter, please call:

(Name of Person)

at ( )

(Area Code & Daytime Telephone Number)

**STREET ADDRESS:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**MAILING ADDRESS:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

CAPITAL STREAM, INC.

(Name of Corporation)

P08000003743

(Document Number of Corporation (If known))

DELAWARE

(Incorporated Under Laws of)

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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:

EFFECTIVE DATE

1-1-12

1111 3rd Ave Suite 950

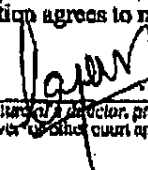
(Mailing Address)

SEATTLE WA 98101

(City/ State /Zip)

- This filing is to be effective as of January 1<sup>st</sup>, 2012. -

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)

12/20/11  
(Date)

Rajeev Gupta

(Typed or printed name of person signing)

CFO

(Title of person signing)

FILING FEE \$35

**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:

Security First Financial Services, Inc.

SECOND: The document number of the corporation (if known): P99000092783

THIRD: The date dissolution was authorized: December 15, 2011

Effective date of dissolution if applicable: December 31, 2011

(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.

**EFFECTIVE DATE**

12-31-11

*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: John T. LaJoie, as Secretary

(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)

John LaJoie

(Typed or printed name of person signing)

Secretary

(Title of person signing)

**Filing Fee: \$35**

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