

F09000000885

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

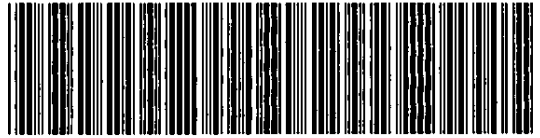
(Document Number)

Certified Copies _____

Certificates of Status ☒

Special Instructions to Filing Officer:

Office Use Only



700173825017

04/06/10--01012--015 **35.00

FILED
2010 APR -6 P 4:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Withdr
Tlews
4-8-10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Integrated Payment & Office Systems, Inc.
(Name of Corporation)

DOCUMENT NUMBER: F09000000885

The enclosed **withdrawal application** and fee are submitted for filing.

Please return all correspondence concerning this
matter to the following:

Valerie Silveira

(Name of Person)

(Firm/Company)

77 Harbor Dr. #39

(Address)

Key Biscayne, FL 33149

(City/State and Zip code)

For further information concerning this matter, please call:

Valerie Silveira at (786) 447-7744

(Name of Person)

(Area Code & Daytime Telephone Number)

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



C/K # 50357

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 8, 2010

VALERIE SILVEIRA
77 HARBOR DR. #39
KEY BISCAYNE, FL 33149

SUBJECT: INTEGRATED PAYMENT & OFFICE SYSTEMS, INC.
Ref. Number: F09000000885

We have received your document for INTEGRATED PAYMENT & OFFICE SYSTEMS, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

The fee to file articles of dissolution or a certificate of withdrawal is \$35. Certified copies are optional and are \$8.75 for the first 8 pages of the document, and \$1 for each additional page, not to exceed \$52.50.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Karen Gibson
Document Specialist Supervisor

Letter Number: 210A00005715

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

Integrated Payment & Office Systems, Inc.

(Name of Corporation)

F09000000885

(Document Number of Corporation (if known))

Delaware

(Incorporated Under Laws of)

FILED
2000 APR -6 P 4:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:


79405 Hwy 111, Suite 9-132

(Mailing Address)

La Quinta, CA 92253

(City/ State /Zip)

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)

3-29-10

(Date)

Valerie Silveira

(Typed or printed name of person signing)

President

(Title of person signing)

FILING FEE \$35