

K43229

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/18/13--01002--008 **10.00

04/12/13--01013--012 **30.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 JUN 13 AM 8:00

DISC
6/19/13



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 18, 2013

PAUL WALSER
SWIPO ONE INVESTMENT CORP
2990 S. FISKE BLVD, UNIT D4
ROCKLEDGE, FL 32955

SUBJECT: SWIPO ONE INVESTMENT CORP.
Ref. Number: K43229

We have received your document for SWIPO ONE INVESTMENT CORP. and check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

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.

There is a balance due of \$10.00.

OK # 3595

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Sylvia Gilbert
Regulatory Specialist II

Letter Number: 913A00009334

RECEIVED
13 JUN 13 AM 8:42
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Documents Enclosed

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SWIPO ONE INVESTMENT CORP

DOCUMENT NUMBER: K43229

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

PAUL WALSER

(Name of Contact Person)

SWIPO ONE INVESTMENT CORP

(Firm/Company)

2990 FISKE BLVD #D4

(Address)

ROCKLEDGE, FL 32955

(City/State and Zip Code)

For further information concerning this matter, please call:

PAUL WALSER

(Name of Contact Person)

at (321) 305-4679

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|---|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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, FL 32314

STREET ADDRESS:

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

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, 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:

SWIPO ONE INVESTMENT CORP

SECOND: The document number of the corporation (if known): K43229

THIRD: The file date of the articles of incorporation: 11/03/1988

FOURTH: (CHECK AT LEAST ONE BOX)

☒ None of the corporation's shares have been issued.

☐ The corporation has not commenced business.

FIFTH: No debt of the corporation remains unpaid.

SIXTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.

SEVENTH: Adoption of Dissolution (CHECK ONE)

☐ A majority of the incorporators authorized the dissolution.

☒ A majority of the directors authorized the dissolution.

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.)

PAUL WALSER

(Typed or printed name of person signing)

PRESIDENT

(Title of Person Signing)

FILED
13 JUN 13 AM 8:00
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Filing Fee: \$35