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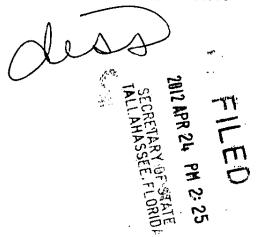
(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	Certificate:	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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04/24/12--01010--006 **35.00



Q 26/12

COVER LETTER

Division of Corporations
SUBJECT: Dissolution of Non-Profit Corporation
DOCUMENT NUMBER: 410000059710? N/A
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
(Name of Contact Person)
(Firm/Company)
13455 SE304n Court
(Address) Ballanian, FL 34420 (City/State and Zip Code)
For further information concerning this matter, please call:
at (352) 2293557 / 484-3729
(Name of Contact Person) (Area Code & DaytimeTelephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$\bigsquare \text{\$43.75 Filing Fee & Certificate of Status & Certified Copy (Additional copy is enclosed)} \$\bigsquare \text{\$52.50 Filing Fee, Certified Copy (Additional copy is enclosed)} \$\bigsquare \text{\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)}\$

MAILING ADDRESS:

TO: Amendment Section

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

FILED

2012 APR 24 PM 2: 25
Pursuant to section 617.1401, Florida Statutes, this Florida not for profit corporation submits the following SECRETARY OF STATE TALLAHASSEE, FLORIDA Articles of Dissolution: The name of the corporation as currently filed with the Florida Department of State: FIRST: SECOND: The document number of the corporation (if known): The file date of the articles of incorporation: THIRD: **FOURTH** The corporation has not commenced to conduct its affairs. FIFTH: No debts of the corporation remains unpaid. SIXTH: Adoption of Dissolution (CHECK ONE) (Note: Cannot be authorized by an incorporator if the corporation has directors) The dissolution was authorized by a majority of the directors: OR The dissolution was authorized by an incorporator. ☐ The dissolution was authorized by a majority of the incorporators. Signature: (By the chairman of vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary) incomparator 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. 617.1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution. Name of Corporation: HYPED, 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: Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 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.

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