Poooooo393/9 modis 1 Independent Drive Jacksonville, Florida 32202 City/State/Zip Phone # Phone

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1.		
(Corporation Name)	(Document #)	· _ • • -
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☐ Walk in ☐ Pick up time ☐ Mail out ☐ Will wait	☐ Certified Copy ☐ Photocopy ☐ Certificate of Status	
NEW FILINGS	<u>AMENDMENTS</u>	
Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger	
OTHER FILINGS	REGISTRATION/QUALIFICATION	
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other	

Examiner's Initials W 35

ARTICLES OF DISSOLUTION

Pursuant to 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST:	The name of the corporation is: HF Recei Vables Corp.	
SECOND:	The filing date of the articles of incorporation was: WYCOUN	-
THIRD:	(CHECK ONE)	
	None of the corporation's shares have been issued.	
	The corporation has not commenced business.	
FOURTH:	No debt of the corporation remains unpaid.	
FIFTH:	The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.	
SIXTH:	Adoption of Dissolution (CHECK ONE)	
	A majority of the incorporators authorized the dissolution.	
	A majority of the directors authorized the dissolution.	
Sign	ned this $\frac{g}{M}$ day of $\frac{max}{M}$, $\frac{2001}{M}$.	
Signatur	(By the chairman or vice chairman of the board, president, or other officer - if there are no officers directors, by an incorporator.) (Typed or printed name)	
	VP of Taxes	

(Title)