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> > (((H14000176983 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

C T CORPORATION SYSTEM

Account Number : Phone

FCA0000000023 (850)222-1092

Fax Number

(850)878-5368

DISSOLUTION OR WITHDRAWAL SELZEE SOLUTIONS, INC.

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ARTICLES OF DISSOLUTION

		•	
FIRST:	The name of the corporation as currently filed with the Florida Department of Selzee Solutions, Inc.	'State:	
SECOND:	The document number of the corporation (if known): P00000055820		
THIRD:	The date dissolution was authorized: July 23, 2014		
	Effective date of dissolution if applicable: July 26, 2014 (no more than 90 days after dissolution	file datc)	
FOURTH:	Adoption of Dissolution (CHECK ONE)	,	
	Dissolution was approved by the shareholders. The number of votes cast i was sufficient for approval.	for dissolution	
	Dissolution was approved by the shareholders through voting groups.		
	The following statement must be separately provided for each voting group el to vote separately on the plan to dissolve:	ntitled	
	The number of votes cast for dissolution was sufficient for approval by		
	(voting group) 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)	FILED 14 JUL 25 PM 1:07 SECRETARY OF STATE TALLAHASSEE, FLORIDA	AND
	Richard B, Vilsoet		

Filing Fee: \$35

(Title of person signing)

H140001769833

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. 607.1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: Selzee Solutions, 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:
Claimant is to provide a description of the claim, which is to include the following:
(I) Identifying information for the claim; (II) Amount of claim; (iii) Parties involved (debtor, creditor, etc.);
(iv) Any Interest obligation if fixed by instruments of debt; (v) Whether the claim is contingent or
conditional upon the occurrence or nonoccurrence of future events or otherwise unmatured;
and (vi) Documentation of the existence of the claim.
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) Selzee Solutions, Inc.
Attention: Secretary
c/o 11770 U.S. Highway 1, Suite 101
Palm Beach Gardens, FL 33408

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.

Richard B. Vilsoet, Secretary

Printed Name of the Person Piling

Signature of the Person Filing

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