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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

De 11-15



Integrated Card Systems, Inc.

October 19, 2002

Florida Department of State

Division of Corporations P.O. Box 6327

Tallahassee, Fla. 32314

Please find the enclosed forms and check in the amount of \$52.50 to dissolve this Florida Corporation. Payments included in this check are as listed below.

Filing Fee for the Articles of Dissolution	\$ 3	5.00
Certified Copy of the dissolution	\$	8.75
Certificate of Status	\$	8.75
Total 5	5.5	2.50

Please return all documents to 915 Edge Drive, Suite 202, North Myrtle Beach, SC 29582.

Thank you for your help and feel free to contact me with any question or concern in dealing with this matter.

Thank You for your Help as Always,

Kyle P. Sattele 866-821-4274

915 Edge Drive Suite 202 North Myrtle Beach, South Carolina, 29582

ห็พพ.integratedcardsystems.com

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST:	The name of the corporation is: Integrated Cand Sy	istoms, Ir	·e.
SECOND:	The date dissolution was authorized: Beloken 19, 7002		
THIRD:	Adoption of Dissolution (CHECK ONE)		
	solution was approved by the shareholders. The number of votes east for c sufficient for approval.	lissolution	
☐ Dis	solution was approved by vote of the shareholders through voting groups.		
	The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:		
The	number of votes east for dissolution was sufficient for approval by		
	(voting group)	<u>-</u>	
Si	gned this 19th day of Belover, 2002	<u>.</u> .	
Signature _	Rancy 9. Barutat (By the Chairman or Vice Chairman of the Board, President, or other officer)		
	Nancy A. Barnhunt (Typed or printed name)	OZ NOV I	
	President (Title)	2 PN 4: Y OF STA	