## PO 1000054484

(Req	uestor's Name)	<del> </del>
(Add	ress)	
(Add	ress)	
(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nar	me)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	

Office Use Only



800136206308



09/25/08--01021--015 \*\*35.00



ALLAHÄSSEE, FLORIDA

דונבט

T. Roberts OCT . 0 3 2008)

## **COVER LETTER**

Division of Corpo		,
SUBJECT:	Dissolution	
DOCUMENT NUMBER:	Dissolution POI 0000544	94
The enclosed Articles of Dis	solution and fee are submitted for	or filing.
Please return all corresponde	ence concerning this matter to the	following:
Trac	y Caywood (Name of Contact Person)	
The	Investor Corner	
	(Firm/Company)	
394	18 31 Sts #197	•
	(Address)	, , , , , , , , , , , , , , , , , , , ,
	Jacksonville Beach F	i 32250
	(City/State and Zip Code)	
For further information conc	erning this matter, please call:	
Tracy Car	ywood at (904	525 5266
(Name of Contact	Person) (Area C	Code & Daytime Telephone Number)
Enclosed is a check for the fe	ollowing amount:	e ·
\$35 Filing Fee \$43.75 Certific	Filing Fee & \$\bigsquare\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square\squar	
Amendment Section Division of Corporat P.O. Box 6327 Tallahassee, FL 323	tions	STREET ADDRESS: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

## 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 as currently filed with the Florida Department of State:		
	The Investor Corner, Inc		
SECOND:	The document number of the corporation (if known): P0100054	484	
THIRD:	The date dissolution was authorized: 91508		
	Effective date of dissolution if applicable: 10 108  (no more than 90 days after dissolution)	n file date)	
FOURTH:	Adoption of Dissolution (CHECK ONE)		
	Dissolution was approved by the shareholders. The number of votes cast was sufficient for approval.	for dissolution	
4	Dissolution was approved by the shareholders through voting groups.	野 B B B B B B B B B B B B B B B B B B B	
<b>₹</b>	The following statement must be separately provided for each voting group to vote separately on the plan to dissolve:	The second secon	
	The number of votes cast for dissolution was sufficient for approval by		
,		;	
	(voting group)	**	
	the state of the s		
4	a: \ \mathread \mathread \ \mathread \mathread \mathread \ \mathread \mathread \mathread \ \mathread \mathread \ \mathread \ \mathread \mathread \ \mathread \mathread \ \mathread \mathread \ \mathread \mathread \mathread \ \mathread \mathread \ \mathread \mathread \mathread \ \mathread \mathread \mathread \ \mathread \mathread \mathread \mathread \mathread \ \mathread \mathread \mathread \mathread \ \mathread \mathread \mathread \	t	
	(By a director, president or other officer if directors or officers have not been selected; by an incorporator if in the hands of receiver, trustee, or other court appointed fiduciary, by that fiduciary)	•	
•	Tracy Caywood		
	(Typed or printed name of person signing)	, ,	
	President		
	(Title of person signing)		

Filing Fee: \$35