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SECRETARY OF STATE TALLAHASSEE FLORIDA

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## **COVER LETTER**

SUBJECT: DISSOLUTION OF 1099 JOB, INC.  DOCUMENT NUMBER: PO1000059129  The enclosed Articles of Dissolution and fee are submitted for filing.  Please return all correspondence concerning this matter to the following:  JAMES R. COX (Name of Person)  (Name of Firm/Company)  356 BATH CLUB BLND, N. (Address)  N. REDINGTON BEACH, FL 33708 (City/State/and Zip Code)  For further information concerning this matter, please call:  JAMES R. COX (Name of Person)  at (727) 480 - 8792 (Name of Person)  (Area Code & Daytime Telephone Number)  Enclosed is a check for the following amount:  \$\int \frac{8}{2} \frac{8}{2} \frac{3}{2} \frac{1}{2} \frac{1}{2} \frac{4}{2} \frac{1}{2} 1	TO: Amendment Section Division of Corporations
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Address   N. Redington Beach Fl 33708	(Name of Person)
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ANES R. CoX at (727) 480 - 8792  (Name of Person) (Area Code & Daytime Telephone Number)  Enclosed is a check for the following amount:  \$35 Filing Fee \$\Bar{\text{\$\subset}}\$\$\\$43.75 Filing Fee & \$\Bar{\text{\$\subset}}\$\$\\$52.50 Filing Fee, Certificate of Status & Certified Copy Certificate of Status & (Additional copy is enclosed)  \$\begin{align*} MAILING ADDRESS: Amendment Section  \$\$35 Filing Fee \$\Bar{\text{\$\subseteq}}\$\$\Bar{\text{\$\subseteq}}\$\$\Bar{\text{\$\subseteq}}\$\$\Bar{\text{\$\subseteq}}\$\$\Bar{\text{\$\subseteq}}\$\$\Bar{\text{\$\subseteq}}\$\$\Bar{\text{\$\subseteq}}\$\$\Bar{\text{\$\subseteq}}\$\$\Bar{\text{\$\subseteq}}\$\$\Bar{\text{\$\subseteq}}\$\$\Bar{\text{\$\subseteq}}\$\$\Bar{\text{\$\subseteq}}\$\$\Bar{\text{\$\subseteq}}\$\$\Bar{\text{\$\subseteq}}\$\$\Bar{\text{\$\subseteq}}\$\$\Bar{\text{\$\subseteq}}\$\$\Bar{\text{\$\subseteq}}\$\$\Bar{\text{\$\subseteq}}\$\$\Bar{\text{\$\subseteq}}\$\$\Bar{\text{\$\subseteq}}\$\$\Bar{\text{\$\subseteq}}\$\$\Bar{\text{\$\subseteq}}\$\$\Bar{\text{\$\subseteq}}\$\$\Bar{\text{\$\subseteq}}\$\$\Bar{\text{\$\subseteq}}\$\$\Bar{\text{\$\subseteq}}\$\$\Bar{\text{\$\subseteq}}\$\$\Bar{\text{\$\subseteq}}\$\$\Bar{\text{\$\subseteq}}\$\$\Bar{\text{\$\subseteq}}\$\$\Bar{\text{\$\subseteq}}\$\$\Bar{\text{\$\subseteq}}\$\Bar{\text{\$\subseteq}}\$\Bar{\text{\$\subseteq}}\$\Bar{\text{\$\subseteq}}\$\Bar{\text{\$\subseteq}}\$\Bar{\text{\$\subseteq}}\$\Bar{\text{\$\subseteq}}\$\Bar{\text{\$\subseteq}}\$\Bar{\text{\$\subseteq}}\$\Bar{\text{\$\subseteq}}\$\Bar{\text{\$\subseteq}}\$\Bar{\text{\$\subseteq}}\$\Bar{\text{\$\subseteq}}\$\Bar{\text{\$\subseteq}}\$\Bar{\text{\$\subseteq}}\$\Bar{\text{\$\subseteq}}\$\Bar{\text{\$\subseteq}}\$\Bar{\text{\$\subseteq}}\$\Bar{\text{\$\subseteq}}\$\Bar{\text{\$\subseteq}}\$\Bar{\text{\$\subseteq}}\$\Bar{\text{\$\subseteq}}\$\Bar{\text{\$\subseteq}}\$\Bar{\text{\$\subseteq}}\$\Bar{\text{\$\subseteq}}\$\Bar{\text{\$\subseteq}}\$\Bar{\text{\$\subseteq}}\$\Bar{\text{\$\subseteq}}\$\Bar{\text{\$\subseteq}}\$\Bar{\text{\$\subseteq}}\$\Bar{\text{\$\subseteq}}\$\Bar{\text{\$\subseteq}}\$\Bar{\text{\$\subseteq}}\$\Bar{\text{\$\subseteq}}\$\Bar{\text{\$\subseteq}}\$\Bar{\text{\$\subseteq}}\$\Ba	(City/State/and Zip Code)
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\$35 Filing Fee \$\times \text{\$\frac{1}{2}}\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$	(Name of Person) (Area Code & Daytime Telephone Number)
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•	Division of Corporations  Division of Corporations
P.O. Box 6327 409 E. Gaines Street Tallahassee, Florida 32314 Tallahassee, Florida 32399	

## ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, 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	of State:	, •	
	1099 JOB, INC.	_		
SECOND:	The document number of the corporation (if known): POI 0000591	29	29	
THIRD:	The file date the articles of incorporation: $06/11/2001$			
FOURTH:	(CHECK AT LEAST ONE BOX)			
	None of the corporation's shares have been issued.			
	The corporation has not commenced business.			
FIFTH:	No debt of the corporation remains unpaid.			
	The net assets of the corporation remaining after winding up have been distribute to the shareholders, if shares were issued.	A CLOS	05 (	
SEVENTH:	Adoption of Dissolution (CHECK ONE)	RETAR HASS	)CT 2	-
	A majority of the incorporators authorized the dissolution.	Y OF	7 A	ŗ
	A majority of the directors authorized the dissolution.	Y OF STATE SEE FLORIDA	27 AN IO: 51	
Sig	gned this 24TH day of OCTOBER, 2005.			
Signa	ature:  (By a director) president or other officer - if directors or officers have not been selected, by an inc	ornaretor	- if	
	in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)	orporator	- 11	
	(Typed or printed name of person signing)			
	(Typed or printed name of person signing)			
	DIRECTOR			
	(Title of person signing)			

Filing Fee: \$35