POI 000091530

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name)
(Document Number)		
Certified Copies	_ Certificates o	f Status
Special Instructions to Filing Officer:		

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COVER LETTER

Division of Corporations FIRST FUND CORP SUBJECT: P01000081530 **DOCUMENT NUMBER:** The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ALVIN BOWEN AGT (Name of Contact Person) FIRST FUND CORP (Firm/Company) PO BOX 13

(Address)

(City/State and Zip Code)

For further information concerning this matter, please call:

ALVIN BOWEN (Area Code) (Daytime Telephone Number) (Name of Contact Person)

Enclosed is a check for the following amount:

□ \$35 Filing Fee □ \$43.75 Filing Fee & □ \$43.75 Filing Fee & ■ \$52.50 Filing Fee, Certificate of Status Certified Copy (Additional copy is

Certificate of Status & Certified Copy enclosed) (Additional copy is enclosed)

Mailing Address:

HAYSVILLE, KS 67060

Amendment Section Division of Corporations P.O. Box 6327

TO: Amendment Section

Tallahassee, FL 32314

Street Address:

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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: FIRST FUND CORP	
SECOND:	The document number of the corporation (if known):	
THIRD:	The date dissolution was authorized:	
	Effective date of dissolution if applicable: (no more than 90 days after dissolution file date) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.	
FOURTH:	Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.	
S	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	
	JOSE MARIO DE BARROS	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	

Filing Fee: \$35

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: FIRST FUND CORP	
The above named corporation is the subject of dissolution and the	ne effective date of a dissolution is:
(date filed with the Dept. if date specifi	ed in the Articles of Dissolution)
Description of information that must be included in a claim:	
NAME OF CLAIMANT	
DESCRIPTION, REASON, AND AMOUNT CLAIMED, INVOICE(S)
REMITTANCE ADDRESS & PHONE NUMBER	
ORIGINAL AGREEMEENT IF APPLICABLE	
Mailing address where written claims can be sent: (Claims cann FIRST FUND CORP ATTN: CLAIMS MANAGEMENT	ot be sent to the Division of Corporations)
PO BOX 351526	
MIAMI. FL 33135	
A claim against the above named corporation will be barred unl within 4 years after the filing of this notice.	A
JOSE MARIO DE BARROS, PRESIDENT	for Maris of sany
Printed Name of the Person Filing	Signature of the Person Filing

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