

PO1000104093

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

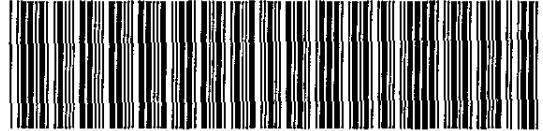
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04 JAN -5 AM 10:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Articles of Dissolution

DOCUMENT NUMBER: P01000104093

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Christene M. Ertl, Esquire

(Name of Person)

Brennan, Manna & Diamond, P.L.

(Name of Firm/Company)

76 South Laura Street, Suite 1700

(Address)

Jacksonville, Florida 32202

(City/State/and Zip Code)

For further information concerning this matter, please call:

Christene M. Ertl, Esquire

(Name of Person)

at (904) 366-1502

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee,
Certificate of Status &
Certified Copy
(Additional copy is
enclosed) |
|--|--|--|---|

MAILING ADDRESS:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

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 Department of State:

Secretaries Unlimited, Inc.

SECOND: The document number of the corporation (if known): P01000104093

THIRD: The date dissolution was authorized: 12/15/2003

Effective date of dissolution if applicable: 12/31/2003
(no more than 90 days after dissolution file date)

FOURTH: Adoption of Dissolution

Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

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)

Jack Meeks

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35

FILED
04 JAN -5 AM 10:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Secretaries Unlimited, 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:

Name of entity or person making claim

Amount / Value of claim

Date claim came into being

Description of claim - if goods or services, describe

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

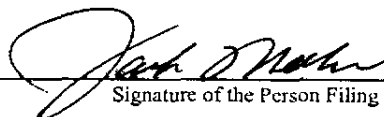
1300 Riverplace Boulevard, Suite 300

Jacksonville, Florida 32207

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.

Jack Meeks

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