PO1000106345

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	∌ #)
		
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Dc	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer	
	, mily officer.	





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STEAR ASSEE, FLORID.

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COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: DISSOLUTION OF	SMART! SOLUXIONS,	
DOCUMENT NUMBER: PO 1 0 (00 106345	
The enclosed Articles of Dissolution and fee are submi	tted for filing.	
Please return all correspondence concerning this matter	to the following:	
Michael Herman (Name of Contact Pers		
I .	on)	
SMART! SOLUXIONS		
(Firm/Company) 47 South Prospect	DRIVE	
(Address)		
Conor GABLES F (City/State and Zip C	2 33/33 ode)	
For further information concerning this matter, please ca	all:	
Michael Harman at (3) (Name of Contact Person)	US 776 - 2145 Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:		
\$\begin{align*} \\$35 \text{ Filing Fee } \Bar{\text{\$\subset}} \\$43.75 \text{ Filing Fee & Barbara Status } \\ \text{Certified of Status} \\ \text{(Additional enclosed)} \end{align*}	Copy / Certificate of Status & Certified Copy	
MAILING ADDRESS:	STREET ADDRESS:	
Amendment Section Division of Corporations	Amendment Section Division of Corporations	
P.O. Box 6327	Clifton Building	

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

The name of the corporation as currently filed with the Florida Department of State:
SMART! SOLUXIONS, INC.
The document number of the corporation (if known): PO100010 6345
The file date the articles of incorporation: 11 02 2001
(CHECK AT LEAST ONE BOX)
None of the corporation's shares have been issued.
The corporation has not commenced business.
No debt of the corporation remains unpaid.
The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.
Adoption of Dissolution (CHECK ONE)
A majority of the incorporators authorized the dissolution.
A majority of the directors authorized the dissolution.
ature: (By a director, president efforther 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.) (Typed or printed name of person signing) (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: SMAG ! SOLUKIONS, FNC. 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: SUBSMOTIATED CLAIMS ROLATED TO PURCHASES PROP Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 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.

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