## PO1000107543

(Re	questor's Name)		
(Ad	idress)		
(Ad	dress)		
(Cit	ty/State/Zip/Phon	e #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
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15 JAN 16 PM 3: 12 SECRETARY OF STATE ALLAHASSEE, FLORID





## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

A RATEWATCH RESIDENTIAL MORTGAGE, INC. SUBJECT:		
P0100010 DOCUMENT NUMBER:	07543	
The enclosed Articles of Dissolution as	nd fee are submitted for filing.	
Please return all correspondence concer	ming this matter to the following:	
Casey Wilson		
(Name	e of Contact Person)	
Ascentia FE LLC		
(	Firm/Company)	
301 W Platt Street #346	1 3/	
	(Address)	
Tampa, FL 33606		
(City	/State and Zip Code)	
For further information concerning this	matter, please call:	
Casey Wilson	813 448-6558 at ()	
(Name of Contact Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a check for the following ar	mount:	
<del>_</del>	& 🗆 \$43.75 Filing Fee & 🗆 \$52.50 Filing Fee,  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional copy is enclosed)	
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	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 A RATEWATCH RESIDENTIAL MORTGAGE, INC.	State:			
SECOND:	P01000107543 The document number of the corporation (if known):				
THIRD:	1/9/15 The date dissolution was authorized:				
	Effective date of dissolution if applicable:  (no more than 90 days after dissolution f	file date)			
FOURTH:	Adoption of Dissolution (CHECK ONE)				
	Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.				
	☐ Dissolution was approved by the shareholders through voting groups.				
	The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:  The number of votes cast for dissolution was sufficient for approval by				
		15 TAL:			
	(voting group)	SECRETARY OF ALLAHASSEE,	THE AND		
\$	Signature:  (By a director, presiden 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)	H 3: 12 OF STATE FLORIDA			
	Jason Medley				
	(Typed or printed name of person signing)				
	President				
	(Title of person signing)				

Filing Fee: \$35