P02000008521

| (Requestor's Name) |
|-----------------------------------------|
| (Address) |
| |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |
| |
| |
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| |





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10/30/03--01034--005 **35.00

FILED

03 OCT 30 PH 3: 46

SECRETARY OF STATE
AND ANASSEE, FLORING

TRANSMITTAL LETTER

| Division of Corporations |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SUBJECT: DISSOLUTION |
| DOCUMENT NUMBER: PU 2000008521 |
| The enclosed Articles of Dissolution and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| JAMES M. SHOWENBERGER, JR. (Name of Person) |
| (Name of Person) |
| EXECUSGARCH SOLUTIONS, INC. (Name of Firm/Company) |
| (Name of Firm/Company) |
| 21) E. CENTRAL PKWY 7+1522 |
| ALTAMONTE SPRINGS, FL 3270/ (City/State/and Zip Code) |
| For further information concerning this matter, please call: |
| MIKE SHOUEN BERGER at (407) 415-948 (Area Code & Daytime Telephone Number) |
| Enclosed is a check for the following amount: |
| \$35 Filing Fee \$\to\$ \$43.75 Filing Fee & Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) |
| MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, Florida 32314Tallahassee, 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: | | |
|---------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------|
| | EXECUSEARCH SOLUTIONS, INC. | | |
| SECOND: | The document number of the corporation (if known): POZOOOO8 | 52 | 1 |
| THIRD: | The date dissolution was authorized: $10/27/03$ | | |
| | Effective date of dissolution if applicable: 10/23/03 (no more than 90 days after dissolution file date | e) | |
| FOURTH: | Adoption of Dissolution (CHECK ONE) | | |
| | Dissolution was approved by the shareholders. The number of votes cast for was sufficient for approval. | · dissol | ution |
| | ☐ Dissolution was approved by of the shareholders through voting groups. | | |
| | The following statement must be separately provided for each voting group vote separately on the plan to dissolve: | entitled | d to |
| | The number of votes cast for dissolution was sufficient for approval by | 03 OCT 30 | FILE |
| | Signed this 27th day of October, Z003 | PM 3: 46 | M |
| Signati | (By a director, president or other officer - if directors or officers have not been selected, by an incorporation in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary) | orator – | |
| | TAMES M. SHOLLGNBGEGGE TR- (Typed or printed name of person signing) | | - |
| | PRESIDENT | | |

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: EXECU SEARCH SOLUTIONS, 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:

| COMPANY NAME + MAILING APPRESS |
|------------------------------------|
| CONTACT NAME + DIRECT PHONE LINE |
| AMOUNT OF CLAIM & ITEMIZED CHARGES |
| REASON FOR CLAIM - PETAILED |
| |

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

| 865 Woo | PGATE | - TRL | |
|----------|-------|-------|--|
| LUNGWOOD | FL | 32750 | |
| | | | |

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.

TAMES M. SHOWENBERGET JR James of the Person Filing

Printed Name of the Person Filing

Signature of the Person Filing