

Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name

: ROBERT GRAHAM CPA & ASSOC.

Account Number : I20070000089

Phone : (813)909-8803

Fax Number

; (813)909-8803

DISSOLUTION OR WITHDRAWAL

CONSECUTIVE MANAGEMENT AND PAYMENTS, INC.

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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: CONSECUTIVE MANA	GEMENT AND PAYMENTS, INC.
P0200000	049
DOCUMENT NUMBER: P02000009	U+8
The enclosed Articles of Dissolution and fee	e are submitted for filing.
Please return all correspondence concerning	this matter to the following:
ROBERT GRAHAM, CPA	
(Name of C	ontact Person)
ROBERT GRAHAM, CPA & ASS	OCIATES, LLC
(Firm)	(Company)
1518 NORWICK DRIVE	
(Ad	dress)
TAMPA, FL 33559	
(City/State	and Zip Code)
For further information concerning this matter	er, please cali:
ROBERT GRAHAM, CPA	at (813) 909-8803
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amoun	t:
S35 Filing Fee S43.75 Filing Fce & [Certificate of Status	S43.75 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 Tallahassec, FL 32314	STREET ADDRESS: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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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:		
	CONSECUTIVE MANAGEMENT AND PAYMENTS, INC.		
SECOND:	The document number of the corporation (if known): P02000009049		
THIRD:	The date dissolution was authorized: 10/01/2007		
	Effective date of dissolution if applicable: 11/01/2007 (no more than 90 days after dissolution file date)		
FOURTH:	Adoption of Dissolution (CHECK ONE)		
	Dissolution was approved by the shareholders. The number of votes east 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		
	97 97 97 97 97 97 97 97 97 97 97 97 97 9		
	Signature:		
	an incorporator - if in the hands of a receiver, trustee, of other court appointed fiduciary, by that fiduciary)		
	(Typed or printed name of person signing)		
	Attorney in Fact for Kamal Ranno President		

Filing Fec: \$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 filling a voluntary dissolution.

Name of Corporation: CONSECUTIVE MANAGEMENT AND PAYMENTS, 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:

Description of	of information that must be included in a claim:	
CLAIMAN	NT'S NAME ADDRESS, TELEPHONE NUMBER	
AMOUNT	T AND DESCRIPTION OF CLAIM	
CLAIMAN	NT CONTACT NAME	
Mailing addre	ess where claims can be sent; (Claims cannot be sent to the Division of Corporations)	
	LEGAL CLAIMS DEPARTMENT	
	RE: CONSECUTIVE MANAGEMENT	٠
	5517 W SLIGH AVENUE, SUITE 100	
	TAMPA, FL 33634	
	•	

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.

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