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(Requestor's Name)
(Address)
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(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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SECRETARY OF ST
TALLAHASSEE, FLO

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OCT 29 2009

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COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: COMPOSATE D'SSO/OFFOC		
DOCUMENT NUMBER: PO2 000/348/5		
The enclosed Articles of Dissolution and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Tabathya Porter Reilly (Name of Contact Person)		
WE BE MONTAGE PROPIE, N.C. (Film/Company)		
P.O. BOX 1633		
ORIAND, FL 32802		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
Tabethya Pottle Reilfat (407) 274-9009 (Name of Contact Person) (Area Code & Daytime Telephone Number)		
(Name of Contact Person) (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:		
\$35 Filing Fee \$\times \\$43.75 Filing Fee & \$\times \\$43.75 Filing Fee & \$\times \\$52.50 Filing Fee, Certificate of Status & Certificate of Status & Certified Copy (Additional copy is enclosed) Certified Copy (Additional copy is enclosed)		
MAILING ADDRESS: STREET ADDRESS: Amendment Section		
Amendment Section Amendment Section Division of Corporations Division of Corporations		

P.O. Box 6327

Tallahassee, FL 32314

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 State:
	WE BE MOSIGAGE People, Inc.
SECOND:	The document number of the corporation (if known): $P02000/348/5$
THIRD:	The date dissolution was authorized: 9-4-2009
THIKD.	Effective date of dissolution if applicable: $9-4-2009$
	(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 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
	(voting group) TASE TARREST 28 TO CA SECURE TARREST 28
	Signature: (By a director, president or other officer - if directors or officers have not been selected, by
	(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 count appointed fiduciary, by that fiduciary)
	Tabathya Postge Reilly
	(Typed or printed name of person signing)
	PRESIDENT
	(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: WE BE MOITGRGE PROPIE, Inc.
Date of dissolution will be the date the dissolution is filed with the Department of State or as pecified in the Articles of Dissolution.
Description of information that must be included in a claim:
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
WE BE MONTGAGE INC
P.O. BOX 1633
- URIANISO, PL DASUA
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.
Tabathya Poeter Reilly Printed Name of the Person Filing Multiple Harly Signature of the Person Filing