# P03000024154

(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
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DIVISION OF CORPORATIONS
2005 OCT -3 PH 12: 56

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### **COVER LETTER**

TO: Amendment Section Division of Corporations
Division of Corporations
SUBJECT: Dissolution of Company
DOCUMENT NUMBER: <u>PO 30000 24154</u>
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
James Hoffmon (Name of Contact Person)
ASSOCIATES MOSTGAGE OF Lake Worth INC (Firm/Company)
320 N- LAKESINE OR (Address)
LAKE Worth FL 33460 (City/State and Zip Code)
For further information concerning this matter, please call:
Trans Hoffman at (561) 282-8937  (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
S35 Filing Fee S43.75 Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (Additional copy is enclosed) (Additional copy is enclosed)
MAILING ADDRESS:  Amendment Section  Division of Corporations  P.O. Box 6327  STREET ADDRESS:  Amendment Section  Division of Corporations  Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

DIVISION OF CORPORATIONS
2005 OCT -3 PM 12: 56

#### ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, 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:
	ASSOCIATES Mortgage of Lake Worth INL.  The document number of the corporation (if known): PO3006524154
SECOND:	The document number of the corporation (if known): PO 30065 24 154
THIRD:	The file date the articles of incorporation: $2-28-63$
FOURTH:	(CHECK AT LEAST ONE BOX)
	None of the corporation's shares have been issued.
	The corporation has not commenced business.
FIFTH:	No debt of the corporation remains unpaid.
SIXTH:	The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.
SEVENTH:	Adoption of Dissolution (CHECK ONE)
	A majority of the incorporators authorized the dissolution.
	A majority of the directors authorized the dissolution.
Sign	(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 court appointed fiduciary, by that fiduciary.)
	Tames C. Hoffman (Typed or printed name of person signing)
	Title of Person Signing)

Filing Fee: \$35

## 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:
	ASSOCIATES MOTTgoge of Lake Worth - The document number of the corporation (if known): PO300004154
SECOND:	The document number of the corporation (if known): PO3000241.54
THIRD:	The date dissolution was authorized:
	Effective date of dissolution if applicable: (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 of 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)
	Signature:  (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 court appointed fiduciary, by that fiduciary)
	Types C- Hoffm (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: ASSOCIATES Mortgage of LAKE WORTH
Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the <i>Articles of Dissolution</i> .
Description of information that must be included in a claim:
Date of charge
Copy of INVOICES
CONTACT PERSON
ANY CONTRACTS
Any and all other ITems related to claim
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
320 N. LAKESIDE DR
Lake worth, FL 33460
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

Printed Name of the Person Filing