P03000043948

(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:

Office Use Only

100082566111

12/20/06--01017--002 **52.50

FILED
2006 DEC 20 PM 1:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

KHA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of OfficeLeap Inc.

DOCUMENT NUMBER: P03000043948

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Johanne Toussaint
(Name of Contact Person)

(Firm/Company)

500 NE 155 TER
(Address)

North Miami Beach, FL 33162
(City/State and Zip Code)

For further information concerning this matter, please call:

Johanne Toussaint at (786) 556-3646 or 305-944-8243
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ $35 Filing Fee ☐ $43.75 Filing Fee & Certificate of Status ☐ $43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☑ $52.50 Filing Fee, Certificate of Status & 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 State:

OfficeLeap, Inc.

SECOND: The document number of the corporation (if known): P03000043948

THIRD: The date dissolution was authorized: 12-1-2006

Effective date of dissolution if applicable: 12-31-2006
(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)

FILED
2006 DEC 20 PM 1:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Signature: Johanne Toussaint 12/12/06
(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)

Johanne Toussaint
(Typed or printed name of person signing)

VP and CFO
(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: OfficeLeap, 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:

If claim for unpaid goods for services: Date of sale/service; name of vendor; itemized list of goods/services with corresponding fees; total amount being claimed by vendor

If claim for refund of undelivered services: Date of purchase; name of purchaser; itemized list of services and fees; total amount of refund requested

FILED
2006 DEC 20 PM 1:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

OfficeLeap Inc. - Claims
c/o Johanne Toussaint
500 NE 155 TER
North Miami Beach, FL 33162

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.*

Johanne Toussaint
Printed Name of the Person Filing

Johanne Toussaint 12/12/06
Signature of the Person Filing

Fee: *No charge if included with Articles of Dissolution.* If filed separately $35.00