

P03000061569

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

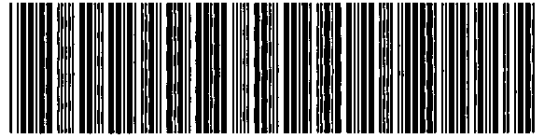
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09 FEB - 9 AM 10:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Vollen.  
Diss.

02/10/09  
DL



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 28, 2009

THOMAS MCLENAHAN  
2817 PRATT PLACE  
JACKSONVILLE, FL 32259

SUBJECT: CLIPSON INC.  
Ref. Number: P03000061569

Upon receipt of your letter and/or check(s) totaling \$43.75, no document was found. Please send your document with any fees due to:

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited.

Articles of Dissolution must comply with either section 607.1401 or 607.1403, Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6906.

Darlene Connell  
Regulatory Specialist II

Letter Number: 409A00003088

*2/4/09 Please see attached*  
*Tom*

RECEIVED  
2009 FEB -9 AM 8:00  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** CLIPSON INC.

**DOCUMENT NUMBER:** P03000061569

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

Please return all correspondence concerning this matter to the following:

THOMAS McLENAHAN

(Name of Contact Person)

*McL* (Pres. CLIPSON INC.)  
1/6/09

CLIPSON INC.

(Firm/Company)

2817 PRATT PLACE

(Address)

JACKSONVILLE, FL 32259

(City/State and Zip Code)

For further information concerning this matter, please call:

THOMAS McLENAHAN

(Name of Contact Person)

at ( 904 ) 655-1161

(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:

CLIPSON INC.

SECOND: The document number of the corporation (if known): P03000061569

THIRD: The date dissolution was authorized: 2/17/08

Effective date of dissolution if applicable: 9/30/08  
(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)

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)

THOMAS E. MCLENAHAN

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

FILED  
09 FEB - 9 AM 10:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Filing Fee: \$35