P03000043576

(7)		
(Re	questor's Name)	
(Ad	dress)	
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(Ad	dress)	
(Cit	y/State/Zip/Phone	» #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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OF SEP 28 PM 2: 0

SECRETARY OF STATE
ARLANASSEE, FLORID.

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[√] TO: Amendment Section Division of Corporations

SUBJECT: Dissolution of Corporation
DOCUMENT NUMBER: P0300063576
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Brias Daily (Name of Contact Person)
(Firm/Company) 6709. St. Moritz Parkway
(Address)
Colleyville Teras 76034
(City/State and Zip Code)
For further information concerning this matter, please call:
Rina Daily at (817) 514-947/ (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 & Certificate of Status Certified Copy (Additional copy is enclosed) S43.75 Filing Fee & Certificate of Status & Certified Copy (Additional copy is enclosed)
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of Corporations

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, 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:
	Options Plus Mortgage, Inc
SECOND:	The document number of the corporation (if known): P0300063576
THIRD:	The file date of the articles of incorporation:
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. Adoption of Dissolution (CHECK ONE)
SEVENTH:	Adoption of Dissolution (CHECK ONE)
	A majority of the incorporators authorized the dissolution.
	A majority of the directors authorized the dissolution.
Sign	ature: (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.)
	(Typed or printed name of person sighing)
	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:	Options	PLUS	140443	asc ,	Inc.			
Date of dissolution will be specified in the <i>Articles of</i>		ion is filed	with the Depar	tment of	State or as			
Description of information	that must be include	ed in a clain	n;					
								
	Full detail							
	Phone no	~ber						
	Phone rus Contact	Name	<u>≥</u> .					
Mailing address where claim	,		munitz Texas		•	SECRETARY OF STATE	06 SEP 28 PM 2: 01	FILED
A claim against the above within 4 years after the fili		vill be barre	ed unless a prod	ceeding to	o enforce the	e claim is	comm	enced