

PO30000 76204

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

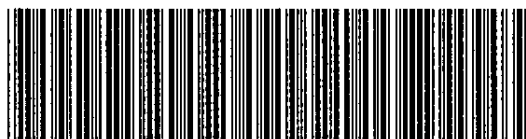
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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5/1/09
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JAY LEVIN
P.O. BOX 272706
BOCA RATON, FL. 33427-2706

TELEPHONE: (954) 714-8999

04-24-09

Corporate Records Bureau
Division of Corporations
Department of State
P.O. Box 6327
Tallahassee, FL 32314

Re: Dissolution of BUSINESS ACCOUNTING OF SOUTH FLORIDA, INC.

Dear Sir:

Enclosed is an original and a copy of the Articles of Dissolution for the above corporation.

Also enclosed is a check payable to the Secretary of State in the amount of \$43.75 representing a \$35.00 filing fee for the Articles of Dissolution, and \$8.75 for a Certificate of Status.

Very truly yours,

JAY LEVIN

ARTICLES OF DISSOLUTION

Pursuant to 607.1403, Florida Statutes, this corporation submits the following articles of dissolution:

- FIRST: The name of the corporation is BUSINESS ACCOUNTING OF SOUTH FLORIDA, INC. Corporate number: P03000076204
- SECOND: The articles of incorporation were filed on 07-07-03.
- THIRD: The date dissolution was authorized was 04-24-09.
- FOURTH: Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.
- FIFTH: The corporation has no intention of revoking this voluntary dissolution and its name is available for immediate use by any other corporation.

Signed this 04-24-09.

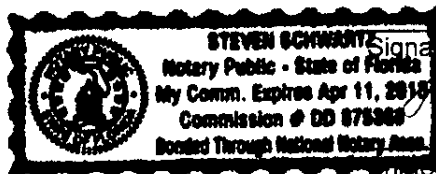
FURTHER AFFIANT SAYETH NAUGHT.


AFFIANT/JAY LEVIN, President/Chairman of the Board

The foregoing instrument was acknowledged before me this 24 day of April, 2009, by JAY LEVIN, who personally appeared, and known to me to be the person described in and who executed the foregoing instrument, who acknowledged before me that he executed the same, that I relied upon the following form of identification of the above-named person[s]: **DRIVERS LICENSE OF** State of Florida.

Witness my hand and seal at said county and state this 24 day of April, 2009

My commission expires




Signature of Notary Public

Printed Name

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TALLAHASSEE FLORIDA
SECRETARY OF STATE