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# **COVER LETTER**

SUBJECT: DISSOLUTION OF CORPORATION  DOCUMENT NUMBER: PO300085755  The enclosed Articles of Dissolution and fee are submitted for filling.  Please return all correspondence concerning this matter to the following:  LINDA A. Weigel  (Name of Contact Person)  LINDA A. Weigel  (Name of Contact Person)  (Firm/Company)  LINDA Corp.  (Firm/Company)  LINDA Corp.  (City/State and Zip Code)  For further information concerning this matter, please call:  LINDA Corp.  (Name of Contact Person)  (Name of Contact Person)  (Area Code & Daytime Telephone Number)  Enclosed is a check for the following amount:  (Additional copy is certificate of Status & Certificate of Status & Certificate of Status & Certified Copy (Additional copy is enclosed)  MAILING ADDRESS:  Amendment Section  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314  Landa L. Approx S. Amendment Section  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314  Landa L. Approx S. Amendment Section  Division of Corporations  Corp. Corporations  Cifton Building  2661 Executive Center Circle  Tallahassee, FL 32301	Division of Corporations	
The enclosed Articles of Dissolution and fee are submitted for filing.  Please return all correspondence concerning this matter to the following:  LINDA A. We (get (Name of Contact Person))  LINDA B. We (Address)  LINDA B. We (get (Name of Contact Person))  (Address)  LINDA B. We (get (Name of Contact Person))  (Address)  LINDA B. We (get (Name of Contact Person))  (Address)  LINDA B. We (get (Name of Contact Person))  (Address)  LINDA B. We (get (Name of Contact Person))  (Area Code & Daytime Telephone Number)  Enclosed is a check for the following amount:  (Area Code & Daytime Telephone Number)  Enclosed is a check for the following amount:  (Additional copy is (Additional copy is enclosed))  (Additional copy is enclosed)  (Additional copy is enclosed)  MAILING ADDRESS:  Amendment Section  Division of Corporations  P.O. Box 6327  Tallahasses P.I. 37314  2661 Executive Center Circle	SUBJECT: DISSOLUTIO	~ of Corporation
Please return all correspondence concerning this matter to the following:    Linda   A   Weigel     (Name of Contact Person)	DOCUMENT NUMBER: Po 300	0085750
(Name of Contact Person)  (Name of Contact Person)  (Firm/Company)  (Firm/Company)  (Address)  (Address)  (Address)  (Address)  (Area Code & Daytime Telephone Number)  Enclosed is a check for the following amount:  (Area Code & Daytime Telephone Number)  Enclosed is a check for the following amount:  (Area Code & Daytime Telephone Number)  (Additional copy is certificate of Status & Cert	The enclosed Articles of Dissolution and fee	e are submitted for filing.
(Firm/Company)    1432   NE   27 th   State   133334	Please return all correspondence concerning	this matter to the following:
(Address)  (Address)  (City/State and Zip Code)  For further information concerning this matter, please call:  (Name of Contact Person)  (Name of Contact Person)  (Area Code & Daytime Telephone Number)  Enclosed is a check for the following amount:  (Additional copy is Certificate of Status & Certified Copy (Additional copy is enclosed)	LINDA A. (Name of C	weigel ontact Person)
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For further information concerning this matter, please call:    Line   L	, (Ad	dress)
Name of Contact Person)  Enclosed is a check for the following amount:  [2535 Filing Fee   \$43.75 Filing Fee &   \$43.75 Filing Fee &   \$52.50 Filing Fee, Certificate of Status   Certified Copy   Certificate of Status & (Additional copy is enclosed)    MAILING ADDRESS: Amendment Section   Division of Corporations   Division of Corporations   P.O. Box 6327   Clifton Building   Center Circle   Copter Circle   Center Circle   Cent	Withton MA (City/State	$\frac{nors}{c}$ , $\frac{1}{3}$ $\frac{3}{3}$ $\frac{3}{4}$ $\frac{3}{3}$
Enclosed is a check for the following amount:    \$\textstyle \textstyle \text	For further information concerning this matter	er, please call:
Certificate of Status  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional copy is enclosed)  MAILING ADDRESS:  Amendment Section Division of Corporations P.O. Box 6327  Tallahassee, FL 32314  Street Additional Copy is enclosed  STREET ADDRESS: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	LINDA Weigel (Name of Contact Person)	at (954) 537-9332 (Area Code & Daytime Telephone Number)
Certificate of Status  Certified Copy (Additional copy is Certified Copy enclosed)  Certified Copy (Additional copy is enclosed)  MAILING ADDRESS:  Amendment Section Division of Corporations P.O. Box 6327  Certified Copy (Additional copy is enclosed)  STREET ADDRESS: Amendment Section Division of Corporations Division of Corporations Clifton Building 2661 Executive Center Circle	Enclosed is a check for the following amoun	t:
Amendment Section  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314  Amendment Section  Division of Corporations  Clifton Building  2661 Executive Center Circle	S35 Filing Fee \$\bigcup\$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)  Certificate of Status & Certified Copy (Additional copy is
	Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

# 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:			
inor.				
	L.A.W. FINANCIAL Corp.			
SECOND:	The document number of the corporation (if known): P030000 856 50			
THIRD:	The file date of the articles of incorporation: $85-2003$			
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.			
	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)			
	Adoption of Dissolution (CHECK ONE)  A majority of the incorporators authorized the dissolution.			
	A majority of the directors authorized the dissolution.			
	ORATIO			
Signa	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.)			
	LINDA A WeigeL (Typed or printed name of person signing)			
OWNER President				

Filing Fee: \$35

Address Change Request

lease provide	information b	elow onty	if the	address i	information	on front is	incorrect.
•		• •				-	1//

Street Address: 1432 NE 21-46

Wilton MAnors City:

State

33334 954 537-9332

Home Phone:

Work Phone.

Zip:

E-mail Address: Money Lady 48@ ComcAst. NeT

### Internation Short Year Access?

Loct or Stotes Cards: Please report your lost or stolen card immediately by calling the Customer Service number found on the front of your statement. Advisors are always available to assist you. You can reach an Advisor by pressing 0 after you enter your account number.

pressing 0 after you enter your account number.

Crediting of Payments: For payments by regular U.S. mail, send at least your minimum payment due to our post office box designated for payments shown on this statement. Your payments by mail must comply with the instructions on this statement, and must be made by check or money order, payable in U.S. Dollars, and drawn on or payable through a U.S. branch of a foreign fhandal estitution. Do not send cast, With your account number on your check or money order. Payments must be accompanied by the payment coupon in the envelope provided with our address which through the envelope whose, the envelope in the payment is must be accompanied by the payment coupon in the envelope provided with our address which through the envelope whose, the envelope provided with our accordance with our payment is in accordance with our payment instructions and is made available to us on any day except December 25 by 1:00 p.m. local time at our post office box designated for payments on this statement, we will credit the payment to your account as of that day. If your payment is in accordance with our payment into a this statement, we will credit to your account on the payment to payments on this statement, we will credit to your office box designated for payments on this statement, we will credit to your credit to your accounts.

account as of that day. If your payment is in accordance with our payment instructions, but is made available los as fart :00 p.m. local time at our post office box designated for payments on this statement, we will credit it to your payment is not sent by regular U.S. mail to our post office box designated for payments, and time of your payment may be delayed for up to days. Payments made electronically through our automated telephone service, Customer Service advisors, or our web sits will be subject to any processing times disclosed for those payments.

Account Information Reported to Credit Bureaus: We may report information about your account to credit bureaus. Late payments, missed payments or other defaults on your account may be reflected in your credit report. If you think we have reported inaccurate information to a credit bureaus, you may write to us at the Cardinamber Service address listed on your billing statement. Notice About Electronic Check Conversion. When you provide a check as payment you automate us either to use information from your check to make an electronic fund transfer from your account or to process the payment as a check transaction. When we use information from your account as soon as the same day we receive your payment, and you will not receive your check to make an electronic thand transfer, funds may be withdrawn from your account as cone as the same day we receive your payment, and you will not neceive your check to make descronically. Conditioned Payments: Any payment check to give internation of proving a count of the check control of the fundament of the descronically. Conditioned Payments: Any payment check to other from of payment that you

check collection or do not want your payments collected electronically. Cenditiesed Paymeats: Any payment check or other form of payment that you sand us for less than the full belance due that is marked "paid in full" or contains a similar notation, or that you otherwise tender in full satisfaction of a disputed amount, must be sant to Card Services, P.D. Box 15049, Wilmington, DE 19850-5049. We reserve all our rights regarding these payments (e.g., if it is deturnied there is no well dispute or if any such check is received at any other address, we may accept the check and you will still owe any remaining belance). We may refuse to accept any such payment by returning it to you, not cashing it or destroying it. All other payments that you make should be sent to the appropriate payment address.

make should be sent to the appropriate payment address.

Assural Research Notice: If your account has an annual fee, it will be billed each year or in monthly installments, whether or not you use your account, and you agree to pay it when billed. The annual fee is non-retundable seless you notify us that you wish to close your account within 30 days of the dath we mail your statement on which the annual fee is charged and at the same time, you pay your outstanding basiance in huit, Your payment of the annual fee does not affect our rights to close your account is closed by you or us, we will continue to charge the annual fee until your pay your outstanding belance in full and terminate your account relationship.

full and terminate your account relationship.

Explanation of Finance Charges: We calculate periodic finance charges, using the applicable periodic ratio shown on this statement, separately for each feature (e.g., belance transfer/convenience checks chacks transaction), purchases, belance transfers, cash advances, promotional belances or overfart advances). Please consult your Cardmember Agreement for the features that are applicable to your card. These calculations may combine different categories with the same daily periodic rates. If there is a "V" next to a periodic rate on this statement, that rate may vary, and the index and margin used to determine that rate and its corresponding APR are described in your Cardmember Agreement, as amended. There is a minimum finance charge in any billing cycle in which you over any periodic fance charges, and a transaction finance charge for each beliance transfer, cash otheres, or check transaction finance charge for each beliance transfer, cash detence, or check transaction, in the amounts stated in your Cardmember Agreement, as amended.

your Cardmember Agreement, as amended
To get the daily balance for each day of the current billing cycle, we take the
beginning balance for each feature, add any new transactions or other debits
(including fees, unpaid finance charges and other charges), subtrect any
payments or credits, and make other adjustments. Transactions are added as
of the transaction date, the beginning of the billing cycle in which they are
posted to your account, or a later date of our choice (except that check
transactions are added either on the date of a related transaction, the date
hey are posted to your account, or the test day of the billing cycle. This gives
us that day's dealy belance. A credit belance is treated as a balance of zero. If
a daily periodic rate applies to any feature, we multicity the daily belance by the
daily periodic rate applies to any feature.

add these periodic finance charges to your daily betance to get the beginning beliance for the next day. (If more than one daily periodic rate could apply based on the average daily belance, we will use the daily periodic rate that applies for the average daily belance, we will use the daily periodic rate that calculate the daily periodic finance charge sech day.)

calculate the daily periodic finance charge each day.)

To get your total periodic finance charge for a billing cycle when a daily periodic ratio, a polies, we add all of the daily periodic finance charges for all features. To determine an average daily balance, we add your daily balance and divide by the number of the days in the applicable billing cycle(s), if you multiply the average daily balance for each feature by the applicable daily periodic rate, and then multiply each of these results by the number of days in the applicable billing cycle(s), and then add all of the results together, the total will also equal the periodic finance charges for the billing cycle, except for miner variations due to rounding. To get your total periodic finance charge for a billing cycle, when a monthly periodic rate of the periodic finance charge for a billing cycle, when a monthly periodic rate and add the results together. The total will equal the periodic finance charges for the billing cycle, except for minor variations due to rounding.

for the billing cycle, except for minor variations due to rounding.

Grass Parled (at least 20 days): We accuse periodic finance charges on a transaction, file, or finance charge from the date it is added to your daily balance until perment in full is received on your account. However, we do not charge periodic finance charges on new purchases billed during a billing cycle if we receive both payment of your few Balance on your current attement by the date and time your perwint is due and also payment of your New Belance on your pravious statement by the date and time your prayment was due. There is no grace period for balance transfers, cash advances, check transactions, or overdraft advances.

transactions, of overdraft edvances.

In addition, if there is a "Qualifying Promotional Financing" section on this statement, you will not incur periodic finance charges on any Remaining Balance that appears in that section if you pay that balance in full by the applicable Expiration Data. However, if you default under the terms of your Cardimember Agneement or any Qualifying Promotional Financing offer, the applicable periodic finance charges will accurs on any Remaining Balance as one as the billing cycle in which the default occurs. To avoid finance charges on new purchases when your New Balance includes any Remaining Balance(s) in the Qualifying Promotional Financing becton, pay your full New Selance minus the total of those Remaining Balance(s) by the date and time your payment is due. However, if your statement shows that a minimum payment is due, we must receive at least that minimum payment by the date and time specified on your statement, even if your New Balance consists only of Qualifying Promotional Financing, periodic finance for "deterred interest" Qualifying Promotional Financing, periodic finance

To countying removement relations gleators. For "deletined interest" Qualifying Promotonal Financing, periodic finance charges accrue during the promotional period but are not added to your account betaines, instead, they accumulate from billing cycle to billing cycle. If a deferred Interest Qualifying Promotional Financing befance is not paid in full by the applicable Expiration Odes, the deferred finance charges will be added to your account as soon as the first day after the Expiration Odes.

Further, if you default under the terms of your Cardmember Agreement, the deferred finance charges will be added to your account as soon as the date of

For "fixed payment" Qualifying Promotional Financing that permits you to pay for a purchase in a designated number of payments, you will not have a grace period for that belance as each payment includes a portion of the interest event over the repayment term for that purchase. However, you will have a grace period on other new purchases as described above.

## BILLING RIGHTS SUMMARY

became in norm a comment in the comment in the case of Frome or Questions about a transaction on your bill, write Cardmember Service on a separate sheet at P.O. Box 15299 Wilmington D 18950-5299 as soon as possible. We must hear from you no later than 60 days after we sent you the first bill on which the error or problem eppeared. You can believe us but doing so will not preserve your rights. In your latter, give us the following information.

- Your name and account number
- . The dollar amount of the suspected error
- Describe the error and explain, if you can, why you believe there is an error.
   If you need more information, describe the item you are unsure about.

If you need more information, describe the item you are unsure about. You do not have to pay any emount in question while we are investigating, but you are still obligated to pay the parts of your bill that are not in question. While we investigate your question, we cannot report you as delinquent or bate action to collect the amount you question. If you have authorized us to pay your credit card bill automatically from your savings or checking account, you can stup the payment on any emount you think is wrong. To stop the payment, your letter or, cell (using the Cardmember Service address or blephone number shown on this statement; must reach us at least three business days before the automatic payment is acheduled to occur.

business days before the automatic payment is achievable to occur. Special Rate for Credit Card Perchases: If you have a problem with the quality of goods or services that you purchased with a credit card (excluding purchases made with a check), and you have tell in good faith to correct the problem with the merchant, you may not have to pey the remaining amount due on the goods or services. You have this protection only when the purchase price was more than \$50 and the purchase was raide in your home state or within 100 miles of your mailing address. These limitations do not apply if we own or operate the merchant, or if we mailed you the advertisement for the property or services.