P03000124215

, (Re	equestor's Name)	
(Ac	ddress)	
(Ad	ddress)	
(Cit	ty/State/Zip/Phone #)	
PICK-UP	WAIT M	IAIL
(Bu	usiness Entity Name)	
(Do	ocument Number)	
Certified Copies	Certificates of Status _	
Special Instructions to	Filing Officer:	

Office Use Only



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SECRETARY OF STATE A



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 13, 2007

SELLSTATE PARADISE REALTY INC ATTN: MIKE (2ND MAILING) 2699 STIRLING RD STE A 304 FT LAUDERDALE, FL 33312

SUBJECT: SELLSTATE PARADISE REALTY, INC.

Ref. Number: P03000124215

We have received your document for SELLSTATE PARADISE REALTY, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to nonprofit statutes (chapter 617, Florida Statutes). As the entity was originally filed as a corporation for profit, this document should be filed pursuant to chapter 607, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 507A00063965

2007 NOV 21 AM 8: 00 SECRETARY OF STATE

COVER LETTER

TO: Amendment Section

Division of Corporations	
SUBJECT: Sellstate Paradise Realty Inc	
DOCUMENT NUMBER: P0300124215	
The enclosed Articles of Dissolution and fee are submitted	d for filing.
Please return all correspondence concerning this matter to	the following:
William B. Cox	
(Name of Contact Person)
Dragonfi., Inc.,	
(Firm/Company)	
2699 Stirling Road A 304	
(Address)	
Fort Lauderdale, Florida 33312	
(City/State and Zip Code	e)
For further information concerning this matter, please call:	:
Mike Zein at (954	954-3363 ea Code & Daytime Telephone Number)
(Name of Contact Person) (Are	ea Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
□\$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & Certified Co (Additional cenclosed)	py Certificate of Status &
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 of dissoluti	section 607.1403, Florida Statutes, this Florida profit corporation submits the kion:	ollowith	artičn	ر ک
FIRST:	The name of the corporation as currently filed with the Florida Department of	• • • •	, 224	
	Sellstate Paradise Realty Inc •		OPIO	¢,
SECOND:			 	
THIRD:	The date dissolution was authorized: April 29th, 2007			
	Effective date of dissolution if applicable: April 29th, 2007 (no more than 90 days after dissolution)	n file date)		
FOURTH:	Adoption of Dissolution (CHECK ONE)			
	Dissolution was approved by the shareholders. The number of votes cast was sufficient for approval.	for disso	lutio	n
	Dissolution was approved by the shareholders through voting groups.	CRET	7.NOV 21	
	The following statement must be separately provided for each voting group of to vote separately on the plan to dissolve:	141-K		FILED
	The number of votes cast for dissolution was sufficient for approval by	STATE	AH IO: 31	
	(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)			
	William B. Cox			
	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 Corpo	ration: Sellstate Paradise Realty Inc
	tion will be the date the dissolution is filed with the Department of State or as Articles of Dissolution.
Description of	information that must be included in a claim:
Out Of Bu	siness
	·
	,
Mailing address	s where claims can be sent: (Claims cannot be sent to the Division of Corporations)
	2699 Stirling Road A 304
	Fort Lauderdale, Florida 33312
	the above named corporation will be barred unless a proceeding to enforce the claim is commenced after the filing of this notice.
	į ,
William B.	Printed Name of the Person Filing Signature of the Person Filing
	runted Name of the Person Filing Signature of the Person Filing

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