P0400058620

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SECRETARY OF STATE DIVISION OF CORPORATIONS

TRODES MAY 05 MA

COVER LETTER

TO: Amendment Section

Division of Corporations
SUBJECT: Integral Partners Dissolution
DOCUMENT NUMBER: P04000058620
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Amy Kabcenell (Name of Contact Person)
Integral Pantners, Inc. (Firm/Company)
20 Harvard Drive (Address)
Lake Worth, FL 33460 (City/State and Zip Code)
For further information concerning this matter, please call:
Amy Kabcenell at (561) 704-1496 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$43.75 Filing Fee & \$43.75 Filing Fee & Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & \$52.50 Filing Fee, Certified Copy (Certificate of Status & Certified Copy (Additional copy is enclosed)
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

Note: Previously, I was told the Dissolution could be accomplished by Sending fax. As per below

TO:

Kathi Ayoub

Taxpayer Service Center

FROM:

Amy Kabcenell

Integral Partners, Inc.

20 Harvard Dr.

Lake Worth, Fl. 33460

SUBJECT:

BUSINESS CLOSED

DATE:

04/06/2009

Effective 12/31/2008, I closed my consulting business, Integral Partners, Inc. I have no employees and my tax ID# was 20-0991403.

If you have any questions please me at 561-704-1496.

Regards, Cernelp 4/6/2009

Integral Partners, Inc.

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:
	Integral Partners, Inc.
SECOND:	The document number of the corporation (if known): POY00058620
THIRD:	The date dissolution was authorized:
	Effective date of dissolution if applicable: SCIPP (no more than 90 days after dissolution file date)
FOURTH:	Adoption of Dissolution (CHECK ONE)
	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)
	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)
	Amy Kabcenell Oyped or printed name of person signing)
	President (Title of person signing)

Filing Fee: \$35