P04000059869

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	- #\
(Oil	syrotate/21pm none	· π)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(, ,	··- /
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



500220551695

02/13/12--01042--031 **35.00

SECRETARY OF STATE

FILED 2012 FEB 13 PH 12: 07

D-165

FEB 15 2012

T. BROWN

COVER LETTER

SUBJECT: WCS Mortgage Company, Inc. DOCUMENT NUMBER: P04000059869 The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Heather Meyers (Name of Contact Person) Meridine Energy, LLC (Firm/Company) 12647 Rt. 33447 PO Box 8 District Conference (Address) District Conference (Address) District Conference (City/State and Zip Code) For further information concerning this matter, please call: Heather Meyers (City/State and Zip Code) For further information concerning this matter, please call: Heather Meyers (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: S\$35 Filing Fee \$4.75 Filing Fee \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed) (Additional copy is enclosed) MAILING ADDRESS: Amendment Section Division of Corporations (Yagace) P.O. Box 6327 Tallahassee, FL 32314 Tallahassee, FL 32314	TO: Amendment Section Division of Corporation	as	
The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Heather Meyers (Name of Contact Person) Meridine Energy, LLC (Firm/Company) 12647 Rt 334373 PO Box 8 Division of Confortion (Address) Province Confortion (Address) Province Confortion (Address) Province Confortion (Address) Province Confortion (Address) (City/State and Zip Code) For further information concerning this matter, please call: Heather Meyers (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: System of Confortion (Additional copy is certificate of Status & Certified Copy (Additional copy is enclosed) MAILING ADDRESS: Amendment Section Division of Corporations (Vagasze) P.O. Box 6327 Tallahassee, FL 32314 2661 Executive Center Circle	SUBJECT: WCS Mortga	ge Company, Inc.	
Heather Meyers	DOCUMENT NUMBER: P04	1000059869	
Heather Meyers	The enclosed Articles of Dissoluti	on and fee are submitted fo	or filing.
(Name of Contact Person) Meridine Energy, LLC (Firm/Company) 12647. Rt. 334373 PO Box 8 Division of Contact Person Randolph, New York 14772 (City/State and Zip Code) For further information concerning this matter, please call: Heather Meyers (Name of Contact Person) Enclosed is a check for the following amount: X 35 Filing Fee \$43.75 Filing Fee & \$43.75 Filing Fee & \$52.50 Filing Fee, Certificate of Status (Additional copy is enclosed) MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Certific Company) Tallahassee, FL 32314 Tallahassee, FL 32314	Please return all correspondence co	oncerning this matter to the	following:
Meridine Energy, LLC (Firm/Company) 12647, Rt. 23947, PO Box 8 Division of Conformore (Address) Randolph, New York 14772 (City/State and Zip Code) For further information concerning this matter, please call: Heather Meyers (Name of Contact Person) Enclosed is a check for the following amount: 358-2131	Heather Meyers		
(Firm/Company) 12647 Rt. 33947 PO Box 8 DIABLES OLOGO COLOR (Address) PRANCOLOGO COLOR (Address) Randolph, VNew York 14772 (City/State and Zip Code) For further information concerning this matter, please call: Heather Meyers (Name of Contact Person) Enclosed is a check for the following amount: X 35 Filing Fee	4)	Name of Contact Person)	
12647 Rt. 339473 PO Box 8 Section College Colleg	Meridine Energy, LI	rc ,	
12647, Rt. 3947, PO Box 8 Division of Control of College (Address) Division of Corporations (Address) Division of Corporations (Additional copy is enclosed)		(Firm/Company)	In the state of the state of
Randolph , New York 14772 (City/State and Zip Code) For further information concerning this matter, please call: Heather Meyers (Name of Contact Person) Enclosed is a check for the following amount: (Additional copy is certificate of Status & Certified Copy (Additional copy is enclosed)	12647 Rt. 23947 PO E	30x 8 .	2061 M. souther Carror Circle
(City/State and Zip Code) For further information concerning this matter, please call: Heather Meyers at (716) 358-2131 (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: X \$35 Filing Fee	Americanom section Division of Corporations	(Address)	Amenden, at Suct at Division of Corporators
Heather Meyers (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: X \$35 Filing Fee			also her office and the state of the state o
(Name of Contact Person) Enclosed is a check for the following amount: X \$35 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 Certified Copy enclosed) (Additional copy is enclosed)	For further information concerning	this matter, please call:	
(Name of Contact Person) Enclosed is a check for the following amount: X \$35 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 Certified Copy enclosed) (Additional copy is enclosed)	Heather Meyers	at (716) 358-2131
X \$35 Filing Fee	(Name of Contact Person		
Certificate of Status (Additional copy is Certified Copy enclosed) (Additional copy is Certified Copy enclosed) (Additional copy is enclosed) (Additional copy is enclosed) MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Certified Copy Certificate of Status & Certificate of Status & Certified Copy (Additional copy is enclosed) STREET ADDRESS: Amendment Section Division of Corporations Certificate of Status & Certified Copy (Additional copy is enclosed) Enclosed)	Enclosed is a check for the following	ng amount:	
Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	Certificate of	Status Certified Copy (Additional copy enclosed)	Certificate of Status & y is Certified Copy (Additional copy is enclosed)
Division of Corporations (Vqquere) Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations Clifton Building 2661 Executive Center Circle			
Tallahassee, FL 32314 2661 Executive Center Circle	Division of Corporations	(Address)	Division of Corporations
(the property of the familian see, FL 52501		Company	•

ARTICLES OF DISSOLUTION

owing Strong Attendance of the Control of the Contr 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:
	WCS Mortgage Company, Inc.
SECOND:	The document number of the corporation (if known): P0400059869
THIRD:	The file date of the articles of incorporation: April 7, 2004
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.
SEVENTH:	Adoption of Dissolution (CHECK ONE)
•	A majority of the incorporators authorized the dissolution.
•	X A majority of the directors authorized the dissolution.
Sign	(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.)
	in the hands of a receiver, musice, of outer court appointed figurerary, by that figurerary.)
	William C. Schettine (Typed or printed name of person signing)
	President
_	(Title of Person Signing)

Filing Fee: \$35