## 1040000666

(Re	questor's Name)		
(Ad	dress)		
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(Cit	y/State/Zip/Phone	e #)	
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02/26/15--01007--023 \*\*95.00

## **COVER LETTER**

TO: Amendment Section

Division of Corporations				
SUBJECT: Dissolution of Co	orporation			
DOCUMENT NUMBER: P04000	066660			
The enclosed Articles of Dissolution and i	fee are submitted for filing.			
Please return all correspondence concernin	g this matter to the following:			
Don Facciobene				
(Name of	Contact Person)			
Don Facciobene Inc.				
(Firm/Company)				
5055 Babcock St NE #4	1			
(A	ddress)			
Palm Bay, FL 32905				
(City/Sta	te and Zip Code)			
For further information concerning this ma	tter, please call:			
Don Facciobene	at ( <u>321</u> ) <u>727-7100</u>			
(Name of Contact Person)	(Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amou	nnt:			
■ \$35 Filing Fee  \$43.75 Filing Fee & Certificate of Status	□ \$43.75 Filing Fee & □ \$52.50 Filing Fee. Certified Copy (Additional copy is enclosed)  □ \$52.50 Filing Fee. Certificate of Status & Certified Copy (Additional copy is enclosed)			
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 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 <b>3-GEN-X</b> , <b>INC</b> .	of State:			
SECOND:	The document number of the corporation (if known): P0400066660				
THIRD:	The date dissolution was authorized: 12/31/2014				
	Effective date of dissolution if applicable: 02/23/2015	·			
FOURTH:	Adoption of Dissolution (CHECK ONE)  Dissolution was approved by the shareholders. The number of votes cas		ution		
	was sufficient for approval.  Dissolution was approved by the shareholders through voting groups.				
	The following statement must be separately provided for each voting group to vote separately on the plan to dissolve:	C)	DIVIS		
	The number of votes cast for dissolution was sufficient for approval by	FEB 26	DIVISION OF S		
	(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  Don Facciobene  (Typed or printed name of person signing)	PH 4: 20	OURTORATIONS		
	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 Corporation: 3-GEN-X, INC	
Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the <i>Articles of Dissolution</i> .	
Description of information that must be included in a claim:	
	<b>ज</b>
	F8 2
	o P
	4: 20
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)	20
5055 Babcock ST NE #4, Palm Bay, FL 32905	
7	
A claim against the above named corporation will be barred unless a proceeding then force the claim within 4 years after the filing of this notice.	is commenced
Don Facciobene	
Printed Name of the Person Filing  Sign ture of the Person Filing	g

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