## P04000079346

		•
(Re	equestor's Name)	
(Ad	ldress)	
, (Ad	ldress)	
(Cil	ty/State/Zip/Phon	e #)
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ALLAHASSEE, FI ORIDA

DISS. W/Notice
TB 4-24-09

## **COVER LETTÉR**

TO: Amendment Section Division of Corporations	
SUBJECT: 1 Connection Inc	
DOCUMENT NUMBER: P0400079346	
The enclosed Articles of Dissolution and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	•
Svetlana Y. Korotkency	
(Name of Contact Person)	
[Connection Inc	
(Firm/Company)	:
Dalay 351102	
POBOX 358292 (Address)	
Gainesviue, FL 32635 (City/State and Zip Code)	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Svettana Y. Koro tkench at (352) 333 3922  (Name of Contact Person) (Area Code & Daytime Telephone Number)	
(Name of Contact Person) (Area Code & Daytime Telephone Number)	)
Enclosed is a check for the following amount:	
\$\frac{1}{2}\$	
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 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 o	f State	:	
	Connection, Inc.			
SECOND:	The document number of the corporation (if known): P04000079346			
THIRD:	The date dissolution was authorized: <u>02/11/2.089</u>			
	Effective date of dissolution if applicable: 02/11/2009  (no more than 90 days after dissolution	file date	.)	
FOURTH:	Adoption of Dissolution (CHECK ONE)			
	Dissolution was approved by the shareholders. The number of votes cast was sufficient for approval.	for dis	solutio	
,	☐ Dissolution was approved by of the shareholders through voting groups.	٠		
	The following statement must be separately provided for each voting group e to vote separately on the plan to dissolve:  The number of votes cast for dissolution was sufficient for approval by ARCHARSELLARY	2009 APR 20	TILE	
	(voting group)	AH 8: 48	Ö	
	ORIOA	œ 		
	Signature: Signature: Wordtrewl  (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)			
	SVETLANA Y. KOROTKEVICH			
	(Typed or printed name of person signing)			
	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.

Name of Corporation: I Connection, Inc.  Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution.  Description of information that must be included in a claim:  Name, address, phone number of corporation  How is nature of the Claim related to our business.  Date when claim—related issue accurred  Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)  FOROX 358292  Gainwrille, FL 32635  A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.  SVETIAMA Y. KOLOTKEACH  Details distributed to the Division of Corporation is commenced within 4 years after the filing of this notice.	This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.
Description of information that must be included in a claim:  Name, address, phone number of corporation  How is nature of the Claim related to our Business.  Date when claim-related issue accurred  Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)  FOBOX 358292  Gainwrille, FL 32635  A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.	Name of Corporation: 1 Connection, Inc.
Name, address, phone number of corporation  How is nature of the Claim related to our business.  Date when Claim-related issue accurred  Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)  POBOX 358292  Gainwrille, FL 32635  A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.	
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)  POBOX 358292  Gainwrille, FL 32635  A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.	Description of information that must be included in a claim:
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)  POBOX 358292  Gainwrille, FL 32635  A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.	Name, address, phone number of corporation
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)  POBOX 358292  Gainwrille, FL 32635  A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.	Date when claim-related issue occurred
A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.	
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A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.	POBOX 358292
within 4 years after the filing of this notice.	Gainesrille, FL 32635
within 4 years after the filing of this notice.	
within 4 years after the filing of this notice.	
SVETIANA Y. KOROTHENCH De Almo Thankl	A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.
Printed Name of the Person Filing Signature of the Person Filing	SVETIAMA Y, KOROTIENCH Signature of the Person Filing  Printed Name of the Person Filing  Signature of the Person Filing

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