P04000107964

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL.
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	



700051065247

04/21/05--01041--001 **35.00

SECRETARY OF STATE

Dissolution w/Notice

Office Use Only

T BROWN APR 2 8 2005

COVER LETTER

TO: Amendment Section Division of Corporations				
SUBJECT: DESOLUTION				
DOCUMENT NUMBER: <u>P04000107964</u>				
The enclosed Articles of Dissolution and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Karen Ann Emery				
(Name of Person)				
I'm Approved Inc				
(Name of Firm/Company)				
Davie, IC 33328				
(City/State/and Zip Code)				
For further information concerning this matter, please call:				
Harman at (954) 4738855 (Area Code & Daytime Telephone Number)				
Enclosed is a check for the following amount:				
\$35 Filing Fee \$\ \text{\$\frac{1}{2}}\$43.75 Filing Fee & \text{\$\frac{1}{2}}\$				
MAILING ADDRESS: STREET ADDRESS:				
Amendment Section Amendment Section Division of Corporations Division of Corporations				
P.O. Box 6327 409 E. Gaines Street				
Tallahassee, Florida 32314 Tallahassee, Florida 32399				

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:					
	Im approved Inc.					
SECOND:	: The document number of the corporation (if known): PDHOOL	0796				
THIRD:	The date dissolution was authorized: <u>QPUL 21, 2004</u>					
	Effective date of dissolution if applicable: (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 for dissolution was sufficient for approval.					
Dissolution was approved by of the shareholders through voting groups.						
	The following statement must be separately provided for each voting group entitle to vote separately on the plan to dissolve:	ن.				
	The number of votes cast for dissolution was sufficient for approval by	FILED APR 21 P				
	Signed this 24 day of 4 day.	PH 4: 44				
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)						
					Kasen Ann Emery	
				(Typed or printed name of person signing)		
	Cresident					
	(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: 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: Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 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.

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