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| (Req | uestor's Name) | , |
|---------------------------|----------------|-------------|
| (Add | ress) | |
| (Addi | ress) | |
| (City/ | State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Busi | ness Entity Na | me) |
| (Doc | ument Number | 1 |
| Certified Copies | Certificate | s of Status |
| Special Instructions to F | iling Officer: | |
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Office Use Only



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TRANSMITTAL LETTER

| FO: Amendment Section Division of Corporations |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SUBJECT: DISSOLUTION |
| DOCUMENT NUMBER: P040001/3/22 |
| The enclosed Articles of Dissolution and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| WILLIAM THOMAS (Name of Person) |
| (************************************** |
| William M Thomas PA (Name of Firm/Company) |
| |
| 6615 BOYNTON BEACH BLUD #310 |
| BOYNTON BEACH FL 33437 |
| (City/State/and Zip Code) |
| For further information concerning this matter, please call: |
| William Titemas at (561) 865-9715 (Name of Person) (Area Code & Daytime Telephone Number |
| (Name of Person) (Area Code & Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| \$35 Filing Fee \$\to\$ \$43.75 Filing Fee & \$\to\$ \$43.75 Filing Fee & Certificate of Status & Certified Copy (Additional copy is enclosed) \$\text{Certified Copy} (Additional copy is enclosed) |
| MAILING ADDRESS: STREET ADDRESS: |
| Amendment Section Amendment Section |
| Division of Corporations P.O. Box 6327 Division of Corporations 409 E. Gaines Street |
| Tallahassee, Florida 32314 Tallahassee, Florida 32399 |

ARTICLES OF DISSOLUTION

FILED

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SECRETARY OF STATE
ALLAHASSEE

SECRETARY OF STATE
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 Department of State: |
|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | PORT PAYMENT SERVICES, INC. |
| SECOND: | The document number of the corporation (if known): P040001/3/2 |
| THIRD: | The file date of the articles of incorporation was: $8/3/04$ |
| 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. |
| | ☐ A majority of the directors authorized the dissolution. |
| - | Signed this 17 day of November 2004. |
| Signati | (By a director, president of the rollifer - 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.) |
| , . | (Typed or printed name of person signing) |
| | /NCORPONATOR |

Filing Fee: \$35