

PD4000123615

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

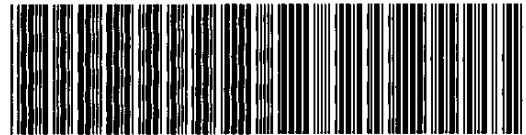
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/23/10--01015--028 **35.00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
10 NOV 23 PM 2:53

ART DIS.
w/notice
10/20/10

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:

3RD THOUGHT, INC.

SECOND: The document number of the corporation (if known): P04000123615

THIRD: The date dissolution was authorized: 10/15/10

Effective date of dissolution if applicable: 10/31/10
(not 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 the shareholders through voting groups.

The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:

The number of votes cast for dissolution was sufficient for approval by

(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)

DALE F. HLCO

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35

FILED
STATE
SECRETARY OF
TALLAHASSEE, FLORIDA
10 NOV 23 PM 2:53

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: 3RD THOUGHT, 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:

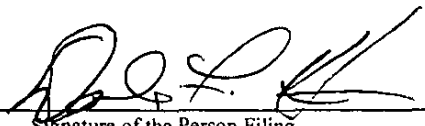
DATE OF CLAIM
TYPE OF CLAIM
AMOUNT OF CLAIM
NAME & ADDRESS OF CLAIMANT
PHONE NUMBER OF CLAIMANT

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

DALE F. KLSO
8142 SE HELEN TER
HOBE SOUND, FL 33455

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.

DALE F. KLSO
Printed Name of the Person Filing


Signature of the Person Filing