## P0400140259

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Ps 8/16/05

## **COVER LETTER**

TO: Amendment Section Division of Corporations
Division of Corporations  SUBJECT: Division of Corporations  Credit Pay USA, Inc.
DOCUMENT NUMBER: P04000140259
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Credit Pay USA Inc.
1890 Meliva La PH#2
Coral Springs, FL, 33071
(City/State/and Zip Code)  For further information concerning this matter, please call:
Udan Mait at (267, 243-2432
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the fellowing amount:    150
MAILING ADDRESS: STREET ADDRESS:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

## ARTICLES OF DISSOLUTION

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 the Florida Department of State:	
	Credit Pay USA, Inc.	
SECOND:	The document number of the corporation (if known): POHOOD140259	
THIRD:	The file date the articles of incorporation:	
FOURTH:	(CHECK AT LEAST ONE BOX)	
	(CHECK AT LEAST ONE BOX)  None of the corporation's shares have been issued.  The corporation has not commenced business.  No debt of the corporation remains unpaid.	
	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.	
Si	gned this Th day of August, 2005	
Signature: Matt		
	(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.)	
	Adam Morit	
	(Typed or printed name of person signing)	
Director		
	(Title of person signing)	

Filing Fee: \$35