P05000054899

(Re	questor's Name)		
(Ad	dress)		
(Ad	dress)		
(Cit	ry/State/Zip/Phon	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Na	me)	
(Document Number)			
Certified Copies	_ Certificate	s of Status	
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SECRETARY OF STATE DIVISION OF CORPORATIONS

AND 155 10/09

COVER LETTER

TO: Amendment Section

Division of Corporations				
SUBJECT: A+ Lending Solution				
DOCUMENT NUMBER: P05000054899				
BOCUMENT NUMBER:				
The enclosed Articles of Dissolution and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
	·			
ALIDA FERNANDEZ				
(Name of Contact Person)				
A+ LENDING SOLUTION				
(Firm/Company)				
P.O. BOX 941046				
(Address)				
MIAMI, FL 33194				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
•				
ALIDA FERNANDEZ at (305) 6361748			
(Name of Contact Person)	(Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amount:				
	ied Copy Certificate of Status & Certified Copy			
MAILING ADDRESS:	STREET ADDRESS:			
Amendment Section Division of Corporations	Amendment Section Division of Corporations			
P.O. Box 6327	Clifton Building			
Tallahassee, FL 32314	2661 Executive Center Circle			

Tallahassee, FL 32301

· 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:			
	A+ LENDING SOLUTION, INC			
SECOND:	The document number of the corporation (if known): P05000054899			
THIRD:	The file date of the articles of incorporation: 04/12/2005			
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.	9		
	A majority of the directors authorized the dissolution.	SZ:		
Sign	nature: (By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if	30		
	in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)	0,		
	ALIDA FERNANDEZ			
	(Typed or printed name of person signing)			
	DIRECTOR (Title of Person Signing)			
	(Title of Leison organis)			

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: A+ LENDING SOLUTION 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: PROPERTY ADDRESS, BORROWER'S NAME, SOCIAL, ETC. Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) P.O. BOX 941046, MIAMI, FL 33194 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. ALIDA FERNANDEZ Printed Name of the Person Filing

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