# P05000055922

(Requestor's Name)
(Addr-a)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
. (Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instruction to Filing Officer:
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SECRETARY OF STATE
NHASSEE, FLORID

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SUBJECT:	MAX	MUM FINANCIAL GROUP,	INC.
DOCUMENT NUM	MBER:	P05000055922	
The enclosed Arti	icles of Dissolution an	d fee are submitted for	filing.
Please return all o	correspondence concerr	ning this matter to the fo	ollowing:
	ні	ERMIN EXILUS	
	(Name of Co	ntact Person)	
		NANCIAL GROUP, INC.	· · · · · · · · · · · · · · · · · · ·
	(Firm/Co	ompany)	
		MERCIAL BOULEVARD	
	. (Add	ress)	
<u></u>		RDALE, FLORIDA 33309	
	(City/State a	nd Zip Code)	
For further information	ation concerning this ma	atter, please call:	
	ERMIN EXILUS	at	(954)717-4747
(Name of	Contact Person)	(Area Code & Day	ytime Telephone Number)
Enclosed is a che	ck for the following amo	unt:	
x \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status		Certificate of Status &

# **MAILING ADDRESS:**

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

### **STREET ADDRESS:**

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

# **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:				
	MAXIMUM FINANCIAL GROUP, INC.				
SECOND:	The document number of the corporation (if known): P05000055922				
THIRD:	The date dissolution was authorized: 3/1/2009				
	Effective date of dissolution if applicable: 6/1/2009  (no more than 90 days after dissolution file date	<del>''</del>			
FOURTH:		,			
	Dissolution was approved by the shareholders. The number of votes cast fo dissolution was sufficient for approval.	r			
	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:				
	``````````````````````````````````````				
	(voting group)	09 MAR 23 AM 6: 1	The state of		
	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)	, <b>;;</b>			
-	HERMIN EXILUS (Typed or printed name of person signing)				
	PRESIDENT/CEO/CHAIRPERSON-BOARD OF DIRECTORS				

Filing Fee: \$35

(Title of person signing)

# **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: \_\_\_\_\_ MAXIMUM FINANCIAL GROUP, 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: ANY LEGALLY PERMISSIBLE, OR VALID IN A COURS OF LAW IN ANY U.S. DISTRICT OR JURISDICTION Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 2975 W. COMMERCIAL BOULEVARD FORT LAUDERDALE, FLORIDA 33309 TELEPHONE: (954)717-4747 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

Signature of the Person Filing

HERMIN EXILUS

Printed Name of the Person Filing