P05000094652

| (Re | equestor's Name) | |
|-------------------------|--------------------|-------------|
| (Ac | idress) | |
| (Ac | ldress) | |
| (Cit | ty/State/Zip/Phone | #) |
| PICK-UP | MAIT WAIT | MAIL |
| (Bu | isiness Entity Nam | e) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |

Office Use Only

}



400067580114

#13/[4/4]\$--#10/2-6/9 **49.75

FILED

06 HAR 14 PM 12: 07

SECRETARY OF STATE
SECRETARY OF STATE

Skul

COVER LETTER

| TO: | | |
|---|---|--|
| | Division of Corporations | |
| | Cubmission for filing Article | es of Dissolution |
| SUBJI | ECT: Submission for filing Article | es of Dissolution |
| | D0500004650 | |
| DOCU | JMENT NUMBER: P05000094652 | |
| The en | nclosed Articles of Dissolution and fee are s | ubmitted for filing. |
| Please return all correspondence concerning this matter to the following: | | |
| | | |
| Eug | ene Michael Kennedy, Esq. | |
| | (Name of Contac | Person) |
| Eug | ene Michael Kennedy, P.A. | |
| | (Firm/Comp | pany) |
| 517 | Southwest First Avenue | |
| | (Address) | |
| Fort | Lauderdale, FL 33301 | |
| | (City/State and 2 | Zip Code) |
| For fu | rther information concerning this matter, ple | ase call: |
| • | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| Euge | ene Michael Kennedy, Esq. a | (954) 524-4155 |
| | (Name of Contact Person) | (Area Code & Daytime Telephone Number) |
| Enclos | sed is a check for the following amount: | |
| | Filing Fee 43.75 Filing Fee & \$\square\$ \$43. | 75 Filing Foo & |
| 感 (かい | | ified Copy Certificate of Status & |
| | | itional copy is Certified Copy |
| | enc | osed) (Additional copy is enclosed) |
| | MAILING ADDRESS: | STREET ADDRESS: |
| | Amendment Section | Amendment Section |
| | Division of Corporations | 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 607.1403, 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: | |
|---------|---|--|
| | VOLIXITI, INC. | |
| SECOND: | The document number of the corporation (if known): P05000094652 | |
| THIRD: | The date dissolution was authorized: February 24, 2006 | |
| | Effective date of dissolution if applicable: February 28, 2006 (no 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 of 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 | |
| Shar | reholders of the Corporation's voting capital stock. (Fla. Stat. Sec. 607.14702(6) 2005.) | |
| | (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) | |
| | Richard DiLapi (Typed or printed name of person signing) (Typed or printed name of person signing) | |
| | President, Secretary, Treasurer (Title of person signing) (Title of person signing) | |

Filing Fee: \$35

Notice of Corporate Dissolution

| 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: Volixiti, 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: |
| Basis of the claim |
| Amount of the claim |
| Relationship of Claimant to affiliates or control persons of Volixiti, Inc. |
| Relationship of Claimant to Volixiti, Inc. |
| |
| Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) |
| Law Offices of Eugene Michael Kennedy, P.A. |
| 517 Southwest First Avenue |
| Fort Lauderdale, FL 33301 |
| |
| 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. |
| Richard DiLapi Printed Name of the Person Filing Richard DiLapi Signature of the Person Filing |
| |

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