P06000032957

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COVER LETTER

Division of Corporations	•
SUBJECT:	
DOCUMENT NUMBER: <u>P06000032957</u>	
The enclosed Articles of Dissolution and fee are	submitted for filing.
Please return all correspondence concerning this	natter to the following:
Shirley Pa	reples of Person)
(**************************************	
Financial Vue Inc. (Firm/Company)	
· ·	· • ·
3390 Peachtree Road NE, Suite 1000 (Address)	
(Address)
Atlanta GA 30376	
Hlanta, GA 30326 (City/State and Zip Code)	
For further information concerning this matter, please call:	
Shirley Peeples at (404) 843-9785 (Name of Contact Person) (Area Code & Daytime Telephone Number)	
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
Certificate of Status Certificate Of Status (Add	2.75 Filing Fee & \$\sum \\$52.50 Filing Fee, tified Copy Certificate of Status & Certified Copy (Additional copy is enclosed)
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 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

TRST: The name of the corporation as currently filed with the Florida Department of State:	
	Financial Vue of Florida, INC
SECOND:	The document number of the corporation (if known): P 06 0000 32 957 The file date of the articles of incorporation: March 6, 2006 (CHECK AT LEAST ONE BOX) None of the corporation's shares have been issued.
THIRD:	The file date of the articles of incorporation: March 6, 2006
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. No Shares 1550cd.
SEVENTH:	Adoption of Dissolution (CHECK ONE)
	A majority of the incorporators authorized the dissolution.
	A majority of the directors authorized the dissolution.
Sign	ature: (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.)
	(Typed or printed name of person signing)
	Cesident/CEO (Title of Person Signing)

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: Fin ancial Vue of Florida, 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:
Name of Creditor and complète address, Telephone, e-mail address
Agreement, signed and dated for any contracted sorvices
I mal bill with all charges and Total due.
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
3390 Peachtree Road NE Suite 1000
Atlanta, Georgia 30326
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.
Printed Name of the Person Filing Signature of the Person Filing

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