## 060000 42256

(Requestor	's Name)
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## <u>COVER LETTER</u>

TO: Amendment Section

Division of Corporations				
SUBJECT: Dissolution of Corporation				
DOCUMENT NUMBER: <u>P06000042256</u>				
The enclosed Articles of Dissolution and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
RoseHa Jackson				
(Name of Contact Person)				
The Focus Financial, Inc. (Firm/Company)				
4455 Fountainview in 64 (Address)				
Orlando, Fl 32808				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
Rosetta Jackson at (920) 648-8299 (Name of Contact Person) (Area Code & Daytime Telephone Number)				
Enclosed is a check for the following amount:				
\$35 Filing Fee \$\bigcup \\$43.75 Filing Fee & \bigcup \\$43.75 Filing Fee & \bigcup \\$52.50 Filing Fee,  Certificate of Status & Certified Copy (Additional copy is enclosed)  \$52.50 Filing Fee,  Certified Copy (Additional copy is enclosed)				
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 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:			
	One Focus Financial, Inc.			
SECOND:	The document number of the corporation (if known): POLODO	420	54	,
THIRD:	The file date of the articles of incorporation: $03/20/06$			
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 district to the shareholders, if shares were issued.	ributed		
SEVENTH:	Adoption of Dissolution (CHECK ONE)	SEC	96	
	A majority of the incorporators authorized the dissolution.	RE TA	OCT 3	Elev.
	A majority of the directors authorized the dissolution.	RY OF ST	06 OCT 30 PM 4: 30	רוכ
Signa	ature: Rosetto Jackson	ATE RIDA		,
_	(By a director, president or other officer - if directors or officers have not been selected, by an in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)	ncorporator	- if	
	Roseffa Jackson (Typed or printed name of person signing)			
	President (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. 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: Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 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