## P6600062041

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		
		ı

Office Use Only



900102733589

2001 MAY 30 PH 1: 34
SECRETARY OF STATE
TALLAHASSEE, FLORID

DEPARIMENT OF STATE DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA

RECEIVED

0/20/07



ACCOUNT NO. : 072100000032

REFERENCE : 922425

7532618

AUTHORIZATION

COST LIMIT

ORDER DATE: May 29, 2007

ORDER TIME : 11:38 AM

ORDER NO. : 922425-005

CUSTOMER NO:

7532618

## DOMESTIC FILINGS

NAME: SECURECOD, INC.

XX \_\_ ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_ CERTIFIED COPY

PLAIN STAMPED COPY

\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd - EXT# 2940

EXAMINER'S INITIALS:

## ARTICLES OF DISSOLUTION

FILED

of dissoluti	on:		
FIRST:	SECRETARY OF STATE TALLAHASSEF FLORIDA The name of the corporation as currently filed with the Florida Department of State RIDA		
	SECURECOD, INC.		
araa in	P0600062041		
SECOND:	The document number of the corporation (if known): P06000062041		
THIRD:	The date dissolution was authorized: $\frac{05/01/2007}{}$		
	Effective date of dissolution <u>if applicable:</u> (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		
	(voting group)		
71.	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)		
	Robert Barron		
	(Typed or printed name of person signing)		
	President/Director		
	(Title of person signing)		

Filing Fee: \$35