## Po600123259

(Requ	uestor's Name)	
(Addı	ress)	
(Addr	ess)	
(City/	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nam	ne)
(Doc	ument Number)	
Certified Copies	Certificates	of Status
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		:

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SECRETARY OF STATE

SECRETARY OF STATE

2/24/10

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SUBJECT: Corporate Dissolution - Stra	ategix Solutions, Inc.
DOCUMENT NUMBER: P06000123259	
The enclosed Articles of Dissolution and fee are s	ubmitted for filing.
Please return all correspondence concerning this m	natter to the following:
Massoud Bazargan	
(Name of Contact	Person)
Strategix Solutions, Inc.	
(Firm/Comp	pany)
18 Pine Hollow Way	
(Address)	**************************************
Ormond Beach, FI 32174	
(City/State and 2	Zip Code)
For further information concerning this matter, ple	ase call:
	386 ) 383 7133
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
(Add	.75 Filing Fee & \subseteq \$52.50 Filing Fee, ified Copy Certificate of Status & itional copy is 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

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		ARTICLES OF DISSOLUTION
	Pursuant to s of dissolutio	The name of the corporation as currently filed with the Florida Department of State.
	FIRST:	The name of the corporation as currently filed with the Florida Department of States
		Strategix Solutions, Inc.
,	SECOND:	The document number of the corporation (if known): P06000123259
	THIRD:	The date dissolution was authorized: 2/16/2010
		Effective date of dissolution <u>if applicable</u> : 2/16/2010  (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 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
		Massoud Bazargan (the only shareholder)
		(voting group)
	\$	Gignature:  (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)
		mac nauciary)
		Massoud Bazargan (Typed or printed name of person signing)
		(Typed of 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. Name of Corporation: Strategix Solutions, Inc. (Doc no.: P06000123259) 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: The company has not received consulting projects or work to justify the cost of running the S Corp. Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) Massoud Bazargan 18 Pine Hollow Way Ormond Beach, FL 32174 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

Massoud Bazargan, President

Printed Name of the Person Filing