P07000045599

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TALL MHASSEE, FLORIDA

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EXAMINER

SECRETARY OF STATE OF CORPORATIONS

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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Penson Title Services, In	С.
DOCUMENT NUMBER: P0700004559	99
The enclosed Articles of Dissolution and fee a	re submitted for filing.
Please return all correspondence concerning thi	s matter to the following:
Connie H. Shivers, C.P.	
(Name of Con	tact Person)
Penson Law Firm, P.A.	
(Firm/Co	ompany)
1435 East Piedmont Drive, Suite 1	01
(Addre	ss)
Tallahassee, Florida 32309	
(City/State at	nd Zip Code)
For further information concerning this matter,	please call:
Connie H. Shivers	at (850) 561-8000
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
Certificate of Status (A	343.75 Filing Fee & S52.50 Filing Fee, Certified Copy Additional copy is Certified Copy (Additional copy is enclosed) (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:

FIRST:	The name of the corporation as currently filed with the Florida Department of State	te:
	Penson Title Services, Inc.	
SECOND:	The document number of the corporation (if known): P07000045599	
THIRD:	The file date of the articles of incorporation: April 12, 2007	
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.	
	The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.	3 X
SEVENTH:	Adoption of Dissolution (CHECK ONE)	TO OCT
	A majority of the incorporators authorized the dissolution.	OF CC
	✓ A majority of the directors authorized the dissolution.	VISION OF CORPORATIONS 10 OCT -6 PM 4: 29
Signa	ature:	,
	(By a director, president or other officer - if directors or officers have not been selected, by an incorporation the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)	tor - if
	Albert C. Penson	
	(Typed or printed name of person signing)	
	President and Director	
	(Title of Person Signing)	

Filing Fee: \$35

Notice of Corporate Dissolution

This notice is submitted by the dissolved co	rporation named below	for resolution of payr	nent of unknown claims
against this corporation as provided in s. 60	7.1407, F.S.		

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Corpor	ration: Penson Title Services, Inc.
	ion will be the date the dissolution is filed with the Department of State or as Articles of Dissolution.
Description of it	nformation that must be included in a claim:
Name, add	dress and telephone number of claimant.
Nature or I	pasis of claim.
Amount of	claim.
Copies of	any documents pertaining to the claim.
Mailing address	where claims can be sent: (Claims cannot be sent to the Division of Corporations)
	Penson Title Services, Inc., a Florida dissolved corporation
	c/o Albert C. Penson
	4505 Rangewood Drive
	Tallahassee, Florida 32309
A claim against within 4 years a	the above named corporation will be barred unless a proceeding to enforce the claim is commenced fter the filing of this notice.

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

Signature of the Person Filing

Albert C. Penson

Printed Name of the Person Filing