

P070000073019

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

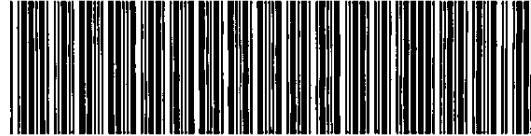
(Business Entity Name)

(Document Number)

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2016 JUN 23 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Rev. of DIS

JUN 27 2016

I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: BCM FINANCIAL GROUP CORPORATION

DOCUMENT NUMBER: P07000073019

The enclosed *Articles of Revocation of Dissolution* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gabriela Fajardo

Name of Contact Person

CorpCo

Firm/Company

910 Foulk Rd. Suite 201

Address

Wilmington, DE 19803

City/State and Zip Code

info@corpco.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gabriela Fajardo

Name of Contact Person

At (302) 652-4800

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee,
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 10, 2016

CORPCO
% GABRIELA FAJARDO
910 FAULK ROAD - STE. 201
WILMINGTON, DE 19803

SUBJECT: BCM FINANCIAL GROUP CORPORATION
Ref. Number: P07000073019

We have received your document for BCM FINANCIAL GROUP CORPORATION and your check(s) totaling \$185.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 316A00012319

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

16 JUN 23 PM 12:46

ARTICLES OF REVOCATION OF DISSOLUTION

Pursuant to section 607.1404, Florida Statutes, this Florida profit corporation revokes its Articles of Dissolution prior to the expiration of 120 days following the effective date (or file date, if no effective date) of the Articles of Dissolution:

FIRST: The name of the corporation is: BCM FINANCIAL GROUP CORPORATION

SECOND: The document number of the corporation (if known) is P07000073019

THIRD: The effective date (or file date, if no effective date) of the Articles of Dissolution

filed with the Florida Department of State is 02/11/2016

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

FOURTH: The Revocation of Dissolution was authorized on 05/23/2016

FIFTH: Adoption of Revocation of Dissolution (check one)

- ☐ The board of directors revoked the dissolution.
- ☐ The incorporators revoked the dissolution.
- ☐ The board of directors revoked the dissolution authorized by the shareholders and revocation was permitted by action by the board of directors alone pursuant to that authorization.
- ☒ The shareholders revoked the dissolution and the number of votes cast was sufficient for approval.
- ☐ The shareholders revoked the dissolution by voting groups - the number of votes cast by

_____ was sufficient for approval.
(Voting group)

SIXTH: A copy of the Articles of Dissolution is attached.

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)

Alexey Abramov

(Typed or printed name of person signing)

Director

(Title of person signing)

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2016 JUN 23 AM 10:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEE \$35

ARTICLES OF DISSOLUTION

Signature: **ALEXEY ABRAMOV** **DIRECTOR**
Electronic Signature of Signing Officer, Director, Incorporator or Authorized Representative