## P07000073972

• (Re	equestor's Name	e)		
(Ac	ddress)	·		
(Ac	ddress)			
(Ci	ty/State/Zip/Phor	ne #)		
PICK-UP	MAIT	MAIL		
(Bu	usiness Entity Na	ame)		
. (Document Number)				
Certified Copies	Certificate	es of Status		
Special Instructions to	Filing Officer:			
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SECRETARY OF STATE

T. Roberts MAR 17,2008)

## **COVER LETTER**

Division of Corporations	•
SUBJECT: DPA JAX CORPORATION	
DOCUMENT NUMBER: P07000073972	·
The enclosed Articles of Dissolution and fee are submi	tted for filing.
Please return all correspondence concerning this matter	to the following:
SARA HAN	
(Name of Contact Pers	on)
HANS ACCOUNTING & TAX SERVICES	
(Firm/Company)	
4401 EMERSON ST. #8	
(Address)	
JACKSONVILLE, FL 32207	
(City/State and Zip C	ode)
For further information concerning this matter, please ca	all:
EUN S YOON at (E)	789 – 9165 Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
\_/	al copy is Certified Copy
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box,6327	STREET ADDRESS: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION

Pursuant to of dissolution	section 607.1403, Florida Statutes, this Florida profit corporation submits the on:	follow	ing a	rticle		
FIRST:	The name of the corporation as currently filed with the Florida Departmen	t of St	ate:			
•••	DPA JAX CORPORATION	_				
SECOND:	The document number of the corporation (if known): P07000073972					
THIRD:	The date dissolution was authorized: 3 / 1 / 08					
	Effective date of dissolution if applicable: 3/1/08  (no more than 90 days after dissolution)	ion file d	late)			
FOURTH:	Adoption of Dissolution (CHECK ONE)					
	Dissolution was approved by the shareholders. The number of votes ca was sufficient for approval.	st for t	lissol	ution		
	Dissolution was approved by the shareholders through voting groups.					
	The following statement must be separately provided for each voting group to vote separately on the plan to dissolve:	rentitle CS	æ	٠		
	The number of votes cast for dissolution was sufficient for approval by	HASSE	MAR I 4	E		
	SOLE AND ONE SHAREHOLDER	HOP I	PK	ÎLEO		
	(voting group)	STATE LORIDA	PH 12: 36			
	261					
	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)	- У У				
	EUN S. YOON					
	(Typed or printed name of person signing)	-				
	PRESIDENT					
	(Title of person signing)	-				
	Filing Fee: \$35					

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: DPA JAX CORPORATION 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: NONE Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 4401 EMERSON ST. #8 JACKSONVILLE, FL 32207 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. **EUN S YOON** 

Signature of the Person Filing

Printed Name of the Person Filing