P07000107814

•
(Requestor's Name)
·(Address)
(Address)
,
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:
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SECRETARY OF STATE
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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT:					
DOCUMENT NUMBER: P07000107816 The enclosed Articles of Dissolution and fee are submi	tted for filing.				
Please return all correspondence concerning this matter to the following:					
Shannon Enoch					
(Name of Contact Pers	on)				
Ion Blue, Inc.					
(Firm/Company)					
11570 San Jose Blvd., #4					
(Address)	•				
Jacksonville, FL 32241					
(City/State and Zip Co	ode)				
For further information concerning this matter, please call:					
Shannon Enoch at (_90	/				
(Name of Contact Person) (A	Area Code & Daytime Telephone Number)				
Enclosed is a check for the following amount:					
\$35 Filing Fee \$\int \$43.75 Filing Fee & \$\int \$43.75 Filing Fee & Certified G (Additiona enclosed)	Copy Certificate of Status & Certified Copy				
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 S	tate:
	Ion Blue, Inc.	
SECOND:	The document number of the corporation (if known): P07000107816	
THIRD:	The file date of the articles of incorporation: 9/27/2007	
FOURTH:	(CHECK AT LEAST ONE BOX)	
	None of the corporation's shares have been issued.	VAH 80
	The corporation has not commenced business.	AY 27
FIFTH:	No debt of the corporation remains unpaid.	48 48 48 48 48 48 48 48 48 48 48 48 48 4
SIXTH:	The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.	2: 26 STATE
SEVENTH:	: Adoption of Dissolution (CHECK ONE)	
	A majority of the incorporators authorized the dissolution.	
	A majority of the directors authorized the dissolution.	
	1	
Sign	(By a director, president or other officer - if directors or officers have not been selected, by an incorpe in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)	rator - if
	Shanon Enoch (Typed or 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 Corpo	oration:		
	tion will be the date the dissolution is filed with the Department of State or as Articles of Dissolution.		
Description of	information that must be included in a claim:		
Vendor Name			
Description of s	ervices/goods provided		
Amount of Clair	n		
Remittance Add	ress El		η
Point of Contact		27	
Mailing address	s where claims can be sent: (Claims cannot be sent to the Division of Corporation)	PM 12: 26	
	St. Augustine, FL 32092		
	the above named corporation will be barred unless a proceeding to enforce the clair after the filing of this notice.	n is com	menced
Shannon E	2 Villiant	; vae/	
	Printed Name of the Person Filing Signature of the Person Fili	ng	

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