

P07000135610

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

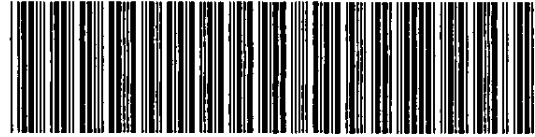
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of Corporation

DOCUMENT NUMBER: PD7000135610

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

Please return all correspondence concerning this matter to the following:

Elizabeth A. Akom
(Name of Contact Person)

Akom Financial Consultants Inc
(Firm/Company)

2282 Killiam Center Blvd Suite C
(Address)

Tallahassee, Florida 32309
(City/State and Zip Code)

For further information concerning this matter, please call:

Elizabeth A Akom at (850) 385-5400
(Name of Contact Person) (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 32301

STREET ADDRESS:
Amendment Section
Division of Corporations
Clifton Building
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

eff 11/13

Pursuant to section 607.1403, 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:

Akom Financial Consultants, Inc.

SECOND: The document number of the corporation (if known): P07000135610

THIRD: The date dissolution was authorized: 12/3/12

Effective date of dissolution if applicable: 1/1/13
(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

_____ (voting group)

Signature: Ellen A. Akom president
(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)

Elizabeth A. Akom
(Typed or printed name of person signing)

President
(Title of person signing)

Filing Fee: \$35

* plus Certified Copy and Certificate of Status

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STATE OF FLORIDA
TALLAHASSEE