08000009

(Re	equestor's Name)	
(Ac	ldress)	
(Ad	ldress)	·
(Cit	ty/State/Zip/Phone	; #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne) :
(Do	cument Number)	•
Certified Copies	_ Certificates	of Status <u>'</u>
Special Instructions to	Filing Officer:	
<u>. </u>		

Office Use Only



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COVER LETTER

TO: Amendment Section

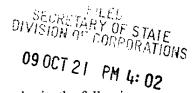
Tallahassee, FL 32314

Division of Corporati	ions
SUBJECT:	Dissolution of Corporati
DOCUMENT NUMBER:	P0800004009
The enclosed Articles of Dissol	ution and fee are submitted for filing.
Please return all correspondence	concerning this matter to the following:
	HARRY COLES (Name of Contact Person)
H	CE CONSULTING INC. (Firm/Company)
	(Address)
SUNR'SE	(Address) FLORINA 33333 (City/State and Zip Code)
,	(City/State and Zip Code)
For further information concerns	ing this matter, please call:
HARRY CO	oLes at (954) 4/0-2928 (Area Code & Daytime Telephone Number)
Enclosed is a check for the follo	
\$35 Filing Fee \$\infty\$	ing Fee & Status \$\ \text{Status} \$\ \text{Certified Copy} \ (Additional copy is enclosed) \$\
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 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:
	HCE CONSULTING, INC.
SECOND:	The document number of the corporation (if known): $\frac{P0800004009}{11/2008}$
THIRD:	The file date of the articles of incorporation: $\frac{1/11/2008}{}$
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.
SIXTH:	The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.
SEVENTH:	Adoption of Dissolution (CHECK ONE)
	A majority of the incorporators authorized the dissolution.
	A majority of the directors authorized the dissolution.
Sign	ature: (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.)
	(Typed or printed name of person signing)
	(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 Corporation:

HCE CONSULTING, INC,

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:

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

12549 N.W. 10Th Place

SUNRISE, FLORIDA 33323

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

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.