

P08000006302

\*\*PLEASE FILE WITH A DATE OF 12/4/09 AS THIS WAS FIRST FAXED THEN. SEE PROOF OF FAX RECT.

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H09000252341 3)))



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To:

Division of Corporations  
Fax Number : (850) 617-6380

From:

Account Name : CORPORATION SERVICE COMPANY  
Account Number : I20000000195  
Phone : (850) 521-1000  
Fax Number : (850) 558-1575

**DISSOLUTION OR WITHDRAWAL  
SYNECTICKS II, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

RECEIVED  
2009 DEC 11 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
09 DEC -4 PM 2:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

Volum Diss  
W/Notice

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:

SYNECTICKS II, INC .

SECOND: The document number of the corporation (if known): P08000006302

THIRD: The date dissolution was authorized: December 4, 2009

Effective date of dissolution if applicable: UPON FILING

(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 of 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

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)

FLORENCE E. WEINER

(Typed or printed name of person signing)

DIRECTOR

(Title of person signing)

Filing Fee: \$35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 DEC -4, PM 2:58

FILED

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: SYNECTICKS II, 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:

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

Florence E. Weiner

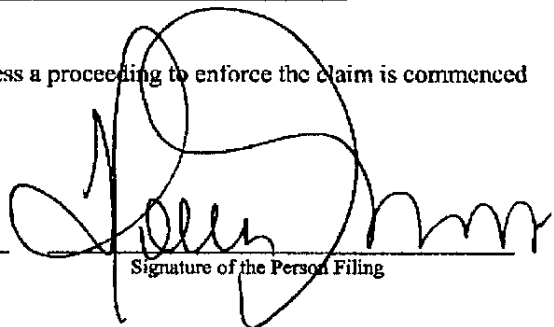
6075 Julian Road

Gainesville, GA 30506

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.

Florence E. Weiner

Printed Name of the Person Filing



Signature of the Person Filing

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