

P080000026934

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

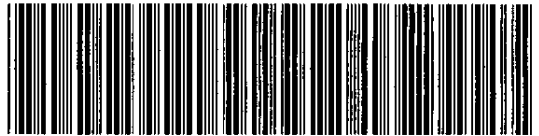
(Document Number)

Certified Copies _____

Certificates of Status ☒

Special Instructions to Filing Officer:

Office Use Only



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03/30/09--01056--004 **43.75

FILED

2009 APR 14 PM 12:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Diss. w / Notice

TB

4-14-09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution

DOCUMENT NUMBER: P080000026934

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

Please return all correspondence concerning this matter to the following:

Kim Nelson
(Name of Contact Person)

IXE Accelerated Services
(Firm/Company)

908 Alaska DR
(Address)

Ocoee, FL 34761
(City/State and Zip Code)

For further information concerning this matter, please call:

Kim Nelson at (321) 945-3881
(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 32314.

STREET ADDRESS:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 31, 2009

KIM NELSON
IXE ACCELERATED SERVICES INC.
908 ALASKA DR
OCOE, FL 34761

SUBJECT: IXE ACCELERATED SERVICES INC.
Ref. Number: P08000026934

We have received your document for IXE ACCELERATED SERVICES INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

If there is still unpaid debt for the corporation, the enclosed form should be filed to dissolve the corporation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6925.

Teresa Brown
Regulatory Specialist II

Letter Number: 609A00010862

RECEIVED
2009 APR 14 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF DISSOLUTION

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:

IXE Accelerated Services Inc.

SECOND: The document number of the corporation (if known): PD8000026934

THIRD: The date dissolution was authorized: 3/24/09

Effective date of dissolution if applicable: _____
(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: _____

(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)

Kimberly Nelson

(Typed or printed name of person signing)

President

(Title of person signing)

FILED
2009 APR 14 PM 12:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: IXE Accelerated Services 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:

NAME OF Corporation

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

Kim Nelson
908 Alaska DR
Ocoee, FL 34761

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.

Kimberly Nelson
Printed Name of the Person Filing

Kimberly Nelson
Signature of the Person Filing

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