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SECRETARY OF STATE BIVISION OF CORPORATIONS

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## **COVER LETTER**

**TO:** Amendment Section

**Division of Corporations SUBJECT:** Disolution of Corporation P080000 44009 **DOCUMENT NUMBER:** The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Hugo C. Sola (Name of Contact Person) Sola Consulting Group, Inc. (Firm/Company) 1891 Birkdale Avenue (Address) North Fort Myers, Florida 33903 (City/State and Zip Code) For further information concerning this matter, please call: Hugo C. Sola (Name of Contact Person) Enclosed is a check for the following amount: □\$35 Filing Fee ✓\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (Additional copy is Certified Copy enclosed) (Additional copy is enclosed) **MAILING ADDRESS: STREET ADDRESS:** Amendment Section Amendment Section **Division of Corporations** Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 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:		
	SOLA CONSULTING GROUP INC		
SECOND:	The document number of the corporation (if known): Pos 000044009		
THIRD:	The file date of the articles of incorporation: APRIL 25th, 2008		
FOURTH:		<u>.</u>	
	None of the corporation's shares have been issued.	11 是-5	
	The corporation has not commenced business.	P	
FIFTH:	No debt of the corporation remains unpaid.	7.00	
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 in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)	- if	
	Hugo C. Sola		
	(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 Corporation: Sola Consulting Group , 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 COMPANY FILING CLAIM -
TEASON FOR CLAIM AND AMOUNT OF CLAIM
ADDRESS AND PHONE NUMBERS.
CONTACT PERSON - E-MAIL ADDRESS FOR THIS PERSON

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

1891 Birkdale Avenue	
North Forth Myers, FL 33903	

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.

Hugo C. Sola

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