

PO8000110148

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

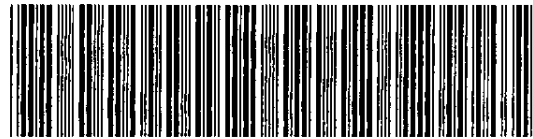
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/26/11--01034--011 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 APR 26 AM 11:58

AK DIS
w/notice
to 5/2/11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: WORKFLOW Payroll Services, INC.

DOCUMENT NUMBER: PD80000110168

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

Please return all correspondence concerning this matter to the following:

Bill Antor CPA

(Name of Contact Person)

CAPE CORAL TAX & ACCOUNTING SERVICES, LLC.

(Firm/Company)

3306 Del Prado Blvd South

(Address)

CAPE CORAL, FL 33904

(City/State and Zip Code)

For further information concerning this matter, please call:

Bill Antor CPA

(Name of Contact Person)

at (239)

540-7500

(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

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:

WORKFLOW PAYROLL SERVICES, INC.

SECOND

The document number of the corporation:

P08000110168

THIRD

The file date of the articles of incorporation:

12/22/08

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.

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.)

Brenda Murphy

(Typed or printed name of person signing)

PRESIDENT

(Title of Person Signing)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 APR 26 AM 11:58

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:

WORKFLOW PAYROLL SERVICES, INC.

Date of dissolution will be the date the dissolution is filed with the Department of State.

Description of information that must be included in a claim:

- Amount owed
- Copy of signed invoice or Bill or other proof or services solicited or performed
- Claimant name & Address
- Tax ID number

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

213 NW 28TH AVE
CAPE CORAL FL 33993

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.

BRENDA Murphy

Printed Name of the Person Filing

Brenda Murphy

Signature of the Person Filing