

P09000023672

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

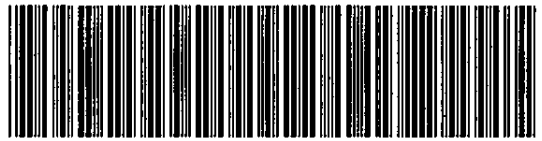
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200180220362

05/06/10--01012--015 **35.00

FILED
10 MAY - 6 AM 10:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

diss w/not
C.COULLIETTE
MAY 10 2010
EXAMINER



COVER LETTER



TO: Amendment Section
Division of Corporations

SUBJECT: corporation - dissolution

DOCUMENT NUMBER: P09000023672

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

Please return all correspondence concerning this matter to the following:

MONICA SOTO

(Name of Contact Person)

INTEGRATED CARD PROCESS SOLUTIONS INC.

(Firm/Company)

13122 NW 11TH STREET

(Address)

PEMBROKE PINES FL 33028

(City/State and Zip Code)

For further information concerning this matter, please call:

MONICA SOTO

(Name of Contact Person)

at (787) 402-4853

(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:

INTEGRATED CARD PROCESS SOLUTIONS INC

SECOND: The document number of the corporation (if known): P09000023672

THIRD: The file date of the articles of incorporation: 03/16/2009

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.)

MONICA SOTO

(Typed or printed name of person signing)

PRESIDENT

(Title of Person Signing)

FILED
10 MAY - 6 AM 10:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: \$35



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:

INTEGRATED CARD PROCESS SOLUTIONS INC

SECOND: The document number of the corporation (if known): P09000023672

THIRD: The date dissolution was authorized: 1/31/2010

Effective date of dissolution if applicable: 1/31/2010

(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

INCORPORATORS

(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)

MONICA SOTO

(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: INTEGRATED CARD PROCESS SOLUTIONS 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:

NO BUSINESS WAS EVER INITIATED

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

SOTO, MONICA

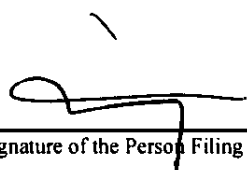
13122 NW 11TH STREET

PEMBROKE PINES FL 33028 US

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.

MONICA SOTO

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