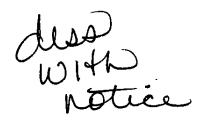
(Re	equestor's Name)	
(Ad	idress)	
(Ad	Idress)	
(Cit	ty/State/Zip/Phone	: #)
PICK-UP	WAIT	MAIL
(Bu	ısiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



400207989694



06/03/11--01008--001 \*\*35.00



## **COVER LETTER**

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations
SUBJECT: Precise Financial Solutions Inc.
DOCUMENT NUMBER:i
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
William Chung (Name of Contact Person)
Precise Financial Solutions Inc. (Firm/Company)
555- Winderley PL (Address)
Mai Hand FL 32751 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (321) 329 - 5447  (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$\bigcup \\$43.75 Filing Fee & \$\bigcup \\$43.75 Filing Fee & \$\bigcup \\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)  Certificate of Status & Certified Copy (Additional copy is enclosed)
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327  STREET ADDRESS: Amendment Section Division of Corporations Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

# FILED

## ARTICLES OF DISSOLUTION

2011 JUN -3 PM 4: 08

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation SEGRETARY following articles of dissolution:

FIRST:	The name of the corporation as currently filed with the Florida Department of State:		
	Precise Financial Solutions INC.		
SECOND:	The document number of the corporation (if known): \$\int 100000 31197\$		
THIRD:	The file date of the articles of incorporation: $\frac{4/22}{10}$		
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.		
Sign	ature:  (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.)		
	William Chung (Typed or printed name of person signing)		
	(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. Financial Solutions Inc. Name of Corporation: 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: Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 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.

Signature of the Person Fi