## P100000094

| (Re                                     | equestor's Name)   |             |
|---|--------------------|-------------|
| (Ad                                     | ldress)            |             |
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| (Cit                                    | ty/State/Zip/Phone | e #)        |
| PICK-UP                                 | MAIT               | MAIL        |
| (Bu                                     | isiness Entity Nar | me)         |
| (Document Number)                       |                    |             |
| Certified Copies                        | _ Certificates     | s of Status |
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|   |                    | ,           |

Office Use Only



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AMD 155 109,9,13

## **COVER LETTER**

| <b>TO:</b> Amendment Section Division of Corporations          |  |  |  |
|--|--|--|--|
| SUBJECT: Skyinteligent Inc                                     |  |  |  |
| DOCUMENT NUMBER: P00000  | 96684  |  |  |
| The enclosed Articles of Dissolution and fe                    | ee are submitted for filing.   |  |  |
| Please return all correspondence concerning                    | this matter to the following:  |  |  |
| Roberto Gonzalez   |  |  |  |
| (Name of Contact Person)                                       |  |  |  |
| TaxSmart Accounting Services                                   |  |  |  |
| (Firm  | n/Company)   |  |  |
| 6653 Powers Ave Ste 241  |  |  |  |
| (Ac  | ldress)  |  |  |
| Jacksonville, FL 32217   |  |  |  |
| (City/Stat   | e and Zip Code)  |  |  |
| For further information concerning this mat                    | ter, please call:  |  |  |
| Roberto Gonzalez   | at (904_) 733-0027   |  |  |
| (Name of Contact Person)                                       | (Area Code & Daytime Telephone Number)   |  |  |
| Enclosed is a check for the following amou                     | nt:  |  |  |
| ■ \$35 Filing Fee ■ \$43.75 Filing Fee & Certificate of Status | □ \$43.75 Filing Fee & □ \$52.50 Filing Fee, Certified Copy (Additional copy is enclosed)  □ \$43.75 Filing Fee & Certificate of Status & Certified Copy (Additional copy is enclosed) |  |  |
| MAILING ADDRESS:   | STREET ADDRESS:  |  |  |
| Amendment Section Division of Corporations                     | Amendment Section Division of Corporations   |  |  |
| P.O. Box 6327  | Clifton Building   |  |  |
| Tallahassee FL 32314   | 2661 Executive Center Circle   |  |  |

Tallahassee, FL 32301



## FLORIDA DEPARTMENT OF STATE Division of Corporations

August 23, 2013

ROBERT GONZALEZ TAXSMART ACCOUNTING SERVICES 6653 POWERS AVE - STE. 241 JACKSONVILLE, FL 32217

SUBJECT: SKYINTELIGENT INC Ref. Number: P10000096684

We have received your document for SKYINTELIGENT INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Articles of Revocation of Dissolution cannot be filed for an active Florida corporation. If you are trying to voluntarily dissolve the corporation enclosed is information on filing Articles of Dissolution.

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) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 413A00020179

RECEIVED 13 SEP -6 AM BE 08

## 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 S  Skyinteligent Inc   | State:             |  |
|---------|--|--------------------|--|
| SECOND: | The document number of the corporation (if known): P0000096684   |                    |  |
| THIRD:  | D: The date dissolution was authorized: July 20, 2013  Effective date of dissolution if applicable: June 30, 2013  |                    |  |
|         |  |                    |  |
|         | (no more than 90 days after dissolution in   | e date)            |  |
| FOURTH: | Adoption of Dissolution (CHECK ONE)  |                    |  |
|         | Dissolution was approved by the shareholders. The number of votes cast fo was sufficient for approval.   | r dissolution      |  |
|         | ☐ Dissolution was approved by the shareholders through voting groups.  |                    |  |
|         | The following statement must be separately provided for each voting group ent to vote separately on the plan to dissolve:  | itled              |  |
|         | The number of votes cast for dissolution was sufficient for approval by  |                    |  |
|         | Nolvia Rodriguez   |                    |  |
|         | (voting group)   |                    |  |
| \$      | Signature:  (By addrector, 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 | 3 SEP -6 [11 94.43 |  |
|         | that fiduciary)  | <u>ٿ</u><br>ڙي     |  |
|         | Nolvia Rodriguez   |                    |  |
|         | (Typed or printed name of person signing)  |                    |  |
|         | President  |                    |  |
|         | (Title of person siming)   |                    |  |

Filing Fee: \$35