

P11000022852

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

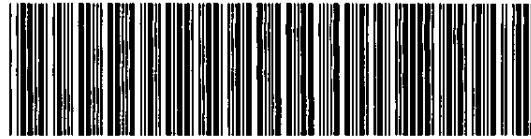
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800241166368

11/05/12--01039--016 \*\*35.00

FILED

12 NOV -5 PM 8:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Diss

NOV 07 2012

T. LEMIEUX

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** NOTICE OF CORPORATE DISSOLUTION

**DOCUMENT NUMBER:** P11000022852

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

Please return all correspondence concerning this matter to the following:

**ALEXANDER PRIGODA**

(Name of Contact Person)

**BILLINN SOLUTIONS LLC.**

(Firm/Company)

**6 VIA BELANO**

(Address)

**PALM COAST, FL 32137**

(City/State and Zip Code)

For further information concerning this matter, please call:

**ALEXANDER PRIGODA** at **(386) 675-4870**

(Name of Contact Person)

(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:  
**BILLINN SOLUTIONS INC.**

SECOND: The document number of the corporation (if known): **P11000022852**

THIRD: The file date of the articles of incorporation: **03/07/2011**

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.

FILED  
12 NOV -5 PM 8:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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.)

**ALEXANDER PRIGODA**

(Typed or printed name of person signing)

**PRESIDENT**

(Title of Person Signing)

**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:  
**BILLINN SOLUTIONS INC.**

SECOND: The document number of the corporation (if known): **P11000022852**

THIRD: The date dissolution was authorized: **11/01/2012**

Effective date of dissolution if applicable: **11/15/2012**

(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

\_\_\_\_\_  
(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)

**ALEXANDER PRIGODA**

(Typed or printed name of person signing)

**PRESIDENT**

(Title of person signing)

FILED  
12 NOV -5 PM 8:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Filing Fee: \$35