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(Requestor's Name) (Address)	300215089213
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number)	12/16/1101007018 **35.00
Certified Copies Certificates of Status	MILWIASSES AM 8: 4.8

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COVER LETTER

. **TO:** Amendment Section Division of Corporations

suвjecт: <u>Dissolution of Jac</u>	cksonESP.com, Inc.
DOCUMENT NUMBER: 001	
The enclosed Articles of Dissolution and fee are submitted for filing.	
Please return all correspondence concerning this	matter to the following:
Mark S. Jackson (Name of Conta	oct Person)
JacksonESP.Com, Inc.	nnany)
2550 State Road 580, Lo	ot 434
Clearwater, FL 33761	
(City/State and For further information concerning this matter, p	•
Ruth Jackson (Name of Contact Person)	at (727) 475-9864 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
Certificate of Status Ce (Ad	3.75 Filing Fee & \$\sum \\$52.50 Filing Fee, rtified Copy
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:
	JacksonESP.Com, Inc.
SECOND:	The document number of the corporation (if known):
THIRD:	The file date of the articles of incorporation: 3/7/2011
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.
Signa	(By a director, president of 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.) Mark S. Jackson
	(Typed or printed name of person signing)
	Director (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: JacksonESP.Com, Inc.
Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the <i>Articles of Dissolution</i> .
Description of information that must be included in a claim:
N/A Zero sales were made by JacksonESP.Com, Inc.
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
JacksonESP.Com, Inc.
2550 State Road 580, Lot 434
Clearwater, FL 33761
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.
Mark S. Jackson Mark & Jacks
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