

P11000035611

\_\_\_\_\_  
(Requestor's Name)

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

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

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

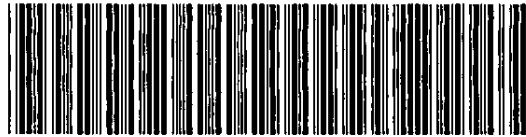
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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06/22/12--01007--003 \*\*35.00

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FILED  
12 JUL 23 PM 4:49  
SECURITY OF STATE  
TALLAHASSEE FLORIDA

JUL 23 2012

T. ROBERTS



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 6, 2012

MIA BRUCE  
SOFLAX, INC  
1232 TAMARIND WAY  
BOCA RATON, FL 33486

SUBJECT: SOFLAX, INC  
Ref. Number: P11000035611

We have received your document for SOFLAX, 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):

Please check only one of the boxes under the adoption 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.

Tina Roberts  
Regulatory Specialist II

Letter Number: 612A00018202

RECEIVED  
DIVISION OF CORPORATIONS  
JUL 10 2012

2012 JUL 23 AM 8:35

NOT RECORDED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SOFLLEX INC

**DOCUMENT NUMBER:** P11000035611

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

Please return all correspondence concerning this matter to the following:

MIA BRUCE

(Name of Contact Person)

SOFLLEX, INC

(Firm/Company)

1232 TAMARIND WAY

(Address)

BOCA RATON, FL 33486

(City/State and Zip Code)

For further information concerning this matter, please call:

MIA BRUCE

(Name of Contact Person)

at ( 561 ) 706-1934

(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:

**FILED**  
12 JUL 23 PM 4:49  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FIRST: The name of the corporation as currently filed with the Florida Department of State:

SOFFLAX, INC

SECOND: The document number of the corporation (if known): P11000035611

THIRD: The file date of the articles of incorporation: 04-11-2011

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.

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.)

MIA BRUCE

(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: SOFLLEX, 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 REPRESENTATION

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

THE COMPANY CORPORATION

PO BOX 13397

PHILADELPHIA, PA 19101-3397

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.

MIA BRUCE

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**