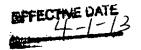
P11000088162

<u>.</u>		
(Re	questor's Name)	
(Ad	ldress)	
(A)	Maria	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
`	,	,
PICK-UP	TIAW	MAIL
(Bu	isiness Entity Nai	me)
(Do	ocument Number))
Certified Copies	Certificate	e of Status
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
Special instructions to	rilling Officer.	

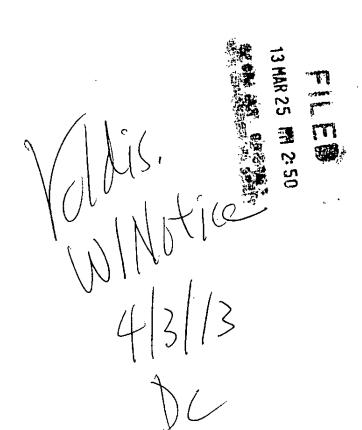




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900246036999 03/25/13--01025--005 ***43.75



COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Notice of Corporate Dissolution
DOCUMENT NUMBER: P110000 88162
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Michael Coburn
(Name of Contact Person)
Axciss Solutions, INC.
(Firm/Company)
20545 Independence Blud. Suite B
Groveland, FLA. 34736
(City/State and Zip Code)
For further information concerning this matter, please call:
Tames Hess at (407) 908-0823 (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
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

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:		
	Axciss Investment Group, INC.		
SECOND:	The document number of the corporation (if known): P11000088162		
THIRD:	The date dissolution was authorized: $3/15/13$		
	Effective date of dissolution if applicable: 4///3 (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		
	Michael P. Coburn, James E. Hess, William Gerin		
	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) Tames F. Hess (Typed or printed name of person signing)		
	V. P.		
	(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: Axciss Investment Group, 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:
Name of Person
Name of Company Reason FOR CLAIM
REASON FOR CLAIM
Amount of CLAIM
Name + Address + Phone # of person Filing
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
Axciss Solutions, INC.
20545 Independence BLud. Suite B
Groveland, FL. 34736

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.

TAMES E. Hess
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