

FILED
Mar 10, 2016
Secretary of State

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida corporation submits the following Articles of Dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:
ALOHA BILLING SOLUTIONS INC.

SECOND: The document number of the corporation: P11000094359

THIRD: The date dissolution was authorized: March 10, 2016
Effective date of dissolution: March 10, 2016

FOURTH: Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: ELIZABETH LATHAN PRESIDENT

Electronic Signature of Signing Officer, Director, Incorporator or Authorized Representative

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.

Name of Corporation:

ALOHA BILLING SOLUTIONS 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:

DUE TO LACK OF BUSINESS INCOME MUST DISSOLVE CORPORATION

Mailing address where claims can be sent:

68-1856 PUU NUI ST
WAIKOLOA, FL 96738 US

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.

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: ELIZABETH LATHAN

Electronic Signature of the Person Filing