

P130000100850

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

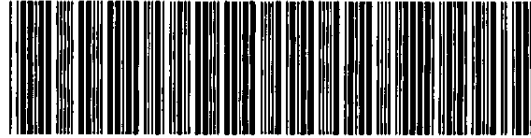
(Business Entity Name)

(Document Number)

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

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MAR 14 2018

18 MAR 13 AM 10:47

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Brian Saunders  
General Counsel  
7/Apps Inc.  
brian@7apps.com  
1-855-557-2777

Florida Department of State  
Division of Corporations  
Amendment Section  
P.O. Box 6327  
Tallahassee, FL 32314

Re: 7/Apps Inc. Dissolution  
Corp Doc # P13000100850  
DOI: 1/1/2014

Dear Amendment Section,

The enclosed Articles of Dissolution and fee are submitted for filing. We have enclosed \$52.50 along with an additional copy for certification.

Please return all correspondence concerning this matter to the following:

Juan Fernandez Halcon  
5330 Segari Way  
Windermere, FL 34786

For further information concerning this matter, please call:

Juan Fernandez Halcon  
(407) 342-1202

Sincerely yours,

Brian Saunders

7/APPS

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STATE OF FLORIDA  
CLERK OF THE CIRCUIT COURT

**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: 7/Apps, Inc.
- SECOND: The document number of the corporation: P13000100850
- THIRD: The date dissolution was authorized: January 30, 2018  
Effective date of dissolution: February 28, 2018
- FOURTH: Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

Signature: \_\_\_\_\_

Juan Fernandez Halcon

President & Chief Executive Officer



## 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 Florida Statutes 607.1407.

This Notice of Corporate Dissolution is optional and is not required when filing a voluntary dissolution.

Name of Corporation: **7/Apps, 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:

1. Name of claimant(s);
2. Date claim(s) occurred;
3. Nature of claim(s);
4. Amount of claim(s);
5. Legal basis of claim(s);
6. All factual allegations of claim(s).

Mailing address where claim can be sent:

**5330 Segari Way.  
Windermere, FL 34786**

Signature: \_\_\_\_\_

Juan Fernandez Halcon

President & Chief Executive Officer