

P 14000027097

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

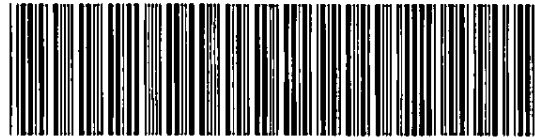
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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12/12/17--01020--024 **35.00

FILED
2017 DEC 11 PM 2:18
SECURITY
FALL ARIZONA

EFFECTIVE DATE

12/31/2017

AMT Diss
w/nctice

DEC 13 2017
I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PULSE CASHFLOW INC

DOCUMENT NUMBER: P14000027097

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

Please return all correspondence concerning this matter to the following:

MARK NOWAK

(Name of Contact Person)

NOWAK LAW GROUP PA

(Firm/Company)

601 N CONGRESS AVE STE 434

(Address)

DELRAY BEACH, FL 33445

(City/State and Zip Code)

For further information concerning this matter, please call:

MARK NOWAK

at (561 - 921 - 0140

(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 ☐ \$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

EFFECTIVE DATE

12/31/2017

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:
PULSE CASHFLOW INC

SECOND: The document number of the corporation (if known): P14000027097

THIRD: The date dissolution was authorized: 12/7/2017

Effective date of dissolution if applicable: 12/31/2017

(no more than 90 days after dissolution file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

(voting group)

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)

TREVOR PATCHING

(Typed or printed name of person signing)

VICE PRESIDENT

(Title of person signing)

FILED
2017 DEC 11 PM 2:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12/2/2017

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: PULSE CASHFLOW 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:

The following information must be included in a claim: (i) the basis for the claim; (ii) the name and address of the claimant and claimant's attorney; (iii) the amount of the claim which is now due, or, if not due, the date when it will become due; (iv) whether the claim is contingent or liquidated, and, if contingent or unliquidated, the nature of the uncertainty; and, (v) whether the claim is secured, and, if secured, the nature of the security.

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

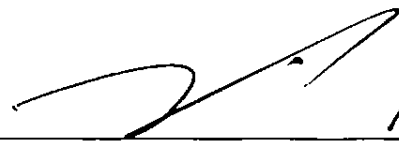
601 N CONGRESS AVE STE 431

DELRAY BEACH, FL 33445

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.

Trevor Patching, Vice President

Printed Name of the Person Filing

 12/7/2017

Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00