

P140000 89243

(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:

DEC - 8 2011
A. DUNLAP

Office Use Only



300267132603

12/05/14--01016--012 **166.00

FILED

14 DEC -5 PM 4:21


SECRETARY OF STATE
TALLAHASSEE FLORIDA

12/02/2014

To whom it may concern:

Upon completion of the dissolution I have no intention of re-instating this for profit entity and would like to allow Dupont tax Services llc to assume the name of Dupont Financial services inc.

We have attached all appropriate forms. Thank you



Mario Davis

(386)469-8678

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14 DEC -5 PM 4:21

SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DUPONT FINANCIAL SERVICES INC.

DOCUMENT NUMBER: P14000089243

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

Please return all correspondence concerning this matter to the following:

MARIO DAVIS

(Name of Contact Person)

DUPONT FINANCIAL SERVICES INC.

(Firm/Company)

927 BEVILLE ROAD SUITE 101

(Address)

SOUTH DAYTONA, FL 32119

(City/State and Zip Code)

For further information concerning this matter, please call:

MARIO DAVIS

(Name of Contact Person)

at (**386**) **469-8678**

(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:

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

DUPONT FINANCIAL SERVICES INC.

SECOND: The document number of the corporation (if known): **P14000089243**

THIRD: The file date of the articles of incorporation: **10/31/2014**

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.)

MARIO DAVIS

(Typed or printed name of person signing)

PRESIDENT

(Title of Person Signing)

Filing Fee: \$35

FILED
14 DEC -5 PM 4:22
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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: DUPONT FINANCIAL SERVICES 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:

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

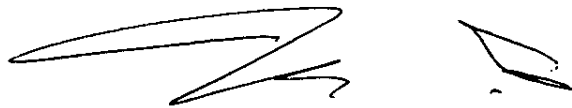
927 BEVILLE ROAD SUITE 101
SOUTH DAYTONA, FL 32119

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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.

MARIO DAVIS

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