

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A.
Account Number : 076077001702
Phone : (407)841-1200
Fax Number : (407)423-1831

DISSOLUTION OR WITHDRAWAL
INTELLEO CORP.

Certificate of Status	0
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Page Count	02
Estimated Charge	\$35.00

JUL 28 2017

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17 JUL 27 PM 12:03

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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17 JUL 27 AM 9:12
TALLAHASSEE, FLORIDA

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**ARTICLES OF DISSOLUTION
OF
INTELLEO CORP.**

Pursuant to the provisions of Sections 607.1402 and 607.1403 of the Florida Statutes, the undersigned Florida corporation hereby adopts the following Articles of Dissolution:

ARTICLE I - NAME OF CORPORATION

The name of the corporation is INTELLEO CORP. (hereinafter referred to as the "Corporation").

ARTICLE II - DATE DISSOLUTION AUTHORIZED

The dissolution of the Corporation was authorized on July 26, 2017.

ARTICLE III - APPROVAL OF DISSOLUTION

The dissolution was approved by all of the shareholders of the Corporation by written consent dated July 26, 2017, pursuant to Section 607.0704 of the Florida Statutes, and the number of votes cast for dissolution was sufficient for approval.

ARTICLE IV - EFFECTIVE DATE OF DISSOLUTION

The Corporation shall be dissolved effective upon the filing of these Articles of Dissolution.

Dated this 26 day of July, 2017.

INTELLEO CORP., a Florida corporation

By: _____

David Mulberry, CEO

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STATE
OF FLORIDA
TALLAHASSEE, FLORIDA

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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: INTELLEO CORP.

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 claimant

Address of claimant

Amount of claim

Basis of claim (attach copy)

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

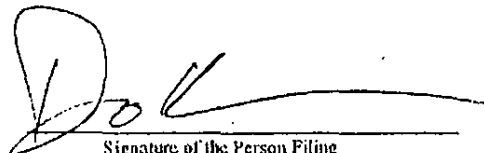
2725 Center Place

Melbourne, FL 32940

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.

David Mulberry

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

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