

P94000610261

(Requestor's Name)

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(Business Entity Name)

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05 FEB 28 PM 1:01
SEC. CLERK OF STATE
TALLAHASSEE, FLORIDA

Discontinued
4005510

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DISSOLUTION OF Fla Profit Corp

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

HARRIETTE CARNEY
(Name of Person)

Dimensions One Funding, Inc.
(Name of Firm/Company)

11809 CATRAKEE DR
(Address)

JACKSONVILLE FL 32223
(City/State/and Zip Code)

For further information concerning this matter, please call:

Harriette Carney at (904) 620 6042
(Name of 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, Florida 32314

STREET ADDRESS:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

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 Department of State:

Dimensions One Funding, Inc.

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

THIRD: The date dissolution was authorized: 10/29/04

Effective date of dissolution if applicable: 11/1/04
(no more than 90 days after dissolution file date)

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 of 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)

Signed this 29 day of Oct, 04

Signature: Harriette Carney president

(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)

Harriette Carney
(Typed or printed name of person signing)

President
(Title of person signing)

Filing Fee: \$35

FILED
05 FEB 28 PM 1:01
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: Dimensions One Funding, 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)

11809 CATRAKEE DR.
JACKSONVILLE, FL 32223

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.

<u>Harriette CARNEY</u>	<u>Harriette Carney</u>
Printed Name of the Person Filing	Signature of the Person Filing