## P95000045009

(Re	equestor's Name)	
(Ad	ldress)	,
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	<b>≥</b> #) ·
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Dissolvition of Profit org.
DOCUMENT NUMBER: P95000045009 FET# 65-05
The enclosed <b>Articles of Dissolution</b> and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Elisa Hung (Name of Contact Person)
(Name of Contact Person)
Accordex Inc. (Firm/Company)
(Firm/Company)
1037 Arezzo Cire (Address)
Bounton Beach FC 33436-1113
BoyNton Beach, FC 33436-1113 (City/State and Zip Code)
For further information concerning this matter, please call:
EliSA Hung at (305) 812-3724  (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$43.75 Filing Fee & \$43.75 Filing Fee & \$52.50 Filing Fee, Certificate of Status Certified Copy (Additional copy is enclosed)  Certificate of Status & Certified Copy (Additional copy is enclosed)
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

## ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles KILED SOL of dissolution: FIRST: The name of the corporation as currently filed with the Florida Department of Accordex SECOND: The document number of the corporation (if known): ecember The date dissolution was authorized: \_ THIRD: Effective date of dissolution if applicable: (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 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) of person signing)

Filing Fee: \$35

(Title of person signing)

## **Notice of Corporate Dissolution**

Accorder Inc.

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.

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the <i>Articles of Dissolution</i> .
Description of information that must be included in a claim:
(2) the amount claimed:
(3) the basis of the claim;
(4) the date on which the claim arose; AND
(5) documentation supporting the claim
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)  Elisa Hung  1037 Arezzo Circ
Boynton Beach, FL 33436

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

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.