## P95000045629

| (Re                     | equestor's Name)            |             |
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| (Ad                     | idress)                     |             |
|                         |                             |             |
| (Cit                    | ty/State/Zip/Phone          | e #)        |
| PICK-UP                 | ☐ WAIT                      | MAIL        |
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| (Bu                     | isin <b>es</b> s Entity Nar | ne)         |
|                         |                             |             |
| (Do                     | cument Number)              |             |
|                         |                             |             |
| Certified Copies        | Certificates                | s of Status |
|                         |                             |             |
| Special Instructions to | Eiling Officer              | <u> </u>    |
| Special matractions to  | rining Officer.             |             |
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SECRETARY OF STATE
ANALYSEE FINANCES



## **COVER LETTER**

| TO: Amendment Section Division of Corporations  |  |  |
|---|--|--|
| SUBJECT: ARTICLES OF DISSOLUTION  |  |  |
| DOCUMENT NUMBER: P95 00 00 45 629   |  |  |
| The enclosed Articles of Dissolution and fee are submitted for filing.  |  |  |
| Please return all correspondence concerning this matter to the following:   |  |  |
| ALICIA HARMON (Name of Contact Person)  |  |  |
| (Name of Contact Person)  |  |  |
| Beyond Accounting of BOOKKELPING, INC. (Firm/Company)   |  |  |
| (Firm/Company)  |  |  |
| 1801 S. FEDERAL Huy STE 238   |  |  |
|   |  |  |
| Develop Besch, 12 33483 (City/State and Zip Code)   |  |  |
| (City/State and Zip Code)   |  |  |
| For further information concerning this matter, please call:  |  |  |
| Jayne Staurer at (5/1) 703-9/5/   |  |  |
| (Name of Contact Person) (Area Code & Daytime Telephone Number)   |  |  |
| Enclosed is a check for the following amount:   |  |  |
| \$35 Filing Fee \$\bigsquare \\$43.75 Filing Fee & \$\bigsquare \\$43.75 Filing Fee & \$\bigsquare \\$43.75 Filing Fee & \$\bigsquare \\$52.50 Filing Fee, Certificate of Status & Certificate of Status & Certified Copy (Additional copy is enclosed) (Additional copy is enclosed) |  |  |
| MAILING ADDRESS: STREET ADDRESS:  |  |  |
| Amendment Section Amendment Section   |  |  |
| Division of Corporations Division of Corporations   |  |  |
| P.O. Box 6327 Clifton Building  |  |  |
| Tallahassee, FL 32314 2661 Executive Center Circle  |  |  |

Tallahassee, FL 32301

## 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 Florida Department of State:   |
|---------|--|
|         | Business Coordinating Enterprises, INC.  |
| SECOND: | The document number of the corporation (if known): P95000045629  |
| THIRD:  | The date dissolution was authorized: $4-1-06$  |
|         | Effective date of dissolution <u>if applicable</u> : 4-1-06  (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, $f$   |
|         | The number of votes cast for dissolution was sufficient for approval by  |
|         |  |
|         | (voting group)   |
|         |  |
|         | Signature: Susidut \$50 0  |
|         | (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, that fiduciary) |
|         | Taywe M. Stwart (Typed or printed name of person signing)  |
|         | (Typed or printed name of person signing)  |
|         | TAYNE M. STEWART  (Typed or printed name of person signing)  PRESIDENT   |
|         | (Title of person signing)  |

Filing Fee: \$35