

12/23/2008

5:29

727896-005

MORRIS A. LECOMPTE, P.A.

BA 01/04

Division of Corporations

Page 1 of 1

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Florida Department of State

Division of Corporations

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To:

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

From:

Account Name : MORRIS A. LECOMPTE, P.A.
Account Number : 072100000461
Phone : (727) 896-1000
Fax Number : (727) 896-1009

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DISSOLUTION OR WITHDRAWAL

WENONE, INC.

Certificate of Status	0
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12/23/08

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TALLAHASSEE, FLORIDA

ARTICLES OF DISSOLUTION
OF
WENONE, INC.

Pursuant to the provisions of Section 607.1403 of the Florida Statutes, the undersigned Corporation adopts the following Articles of Dissolution for the purpose of dissolving the Corporation:

ARTICLE I - Name

The name of the Corporation is WenOne, Inc. (the "Corporation").

ARTICLE II - Date of Dissolution

The dissolution of the Corporation was authorized by the unanimous written consent of all of the shareholders and directors of the Corporation as of the 30th day of November, 2008.

ARTICLE III - Agreement for Dissolution

Pursuant to the authority contained in Sections 607.0821, 607.1402 and 607.0704 of the Florida Statutes, the shareholders and directors of the Corporation authorized the dissolution of the Corporation. Said authorization was accomplished by an Action By Written Consent executed by all of the directors and the holders of all the capital stock of said Corporation, which authorization is sufficient for approval of dissolution.

IN WITNESS WHEREOF, I have subscribed my name on this 30th day of November, 2008.

WENONE, INC.

By: _____

Michael J. Manziona, President

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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: WenOne, 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:

See notice requirements attached hereto and
incorporated herein by this reference.

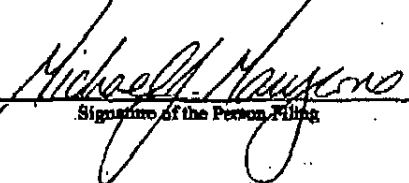
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Michael J. Manzione
145 Citrus Park Cir
Boynton Beach, FL 33436

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.

Michael J. Manzione

Printed Name of the Person Filing


Signature of the Person Filing

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

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NOTICE REQUIREMENTS**(Attachment to Notice of Corporate Dissolution)**

1. Provide the name, mailing address, and telephone number of the claimant and the claimant's account number, if any.
2. Provide the legal theory upon which claimant seeks recovery, e.g., breach of contract, tort, etc.
3. State all relevant facts that support the claim.
4. If the claim involves personal injury or property damage:
 - (a) State the exact date of the incident that you believe caused the damage or injury. If the incident took place over more than one date, provide both the beginning and ending dates. If the incident is ongoing, provide the beginning date and the most recent date it occurred.
 - (b) Describe the specific damage or injury that you believe resulted from the incident.
 - (c) Explain the circumstances that led to the damage or injury.
 - (d) Provide the total dollar amount being claimed. If claimant believes the damages are continuing, or anticipated in the future, provide the basis for such belief.
 - (e) Explain why the claimant believes the corporation is responsible for the damage or injury.
5. Provide true and complete copies of all relevant documents that form the basis of such claim, and if not available, provide an explanation. If the claim involves goods sold, services performed, money loaned or other commercial transaction, provide true and complete copies of any promissory note, purchase order, invoice, itemized statements of running accounts, court judgments, mortgages, security agreements, evidence of lien perfection, and other documents and instruments forming the basis of such claim.
6. Specify whether or not the claimant has made a claim against anyone else in connection with any matter related to the incident giving rise to this claim, and provide the names and addresses of all persons and insurance companies against whom claimant has made such claims.
7. Specify whether any of the claimed damages, losses, expenses or other amounts claims are covered by any policy of insurance. For each such policy, state the name and address of the insurance company, policy number, and benefits paid or payable.
8. State whether or not claimant received or agreed to receive any money from anyone for the damages claimed in the claimant's notice. If so, provide complete details.

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