

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : FISHER, TOUSEY, LEAS & BALL
Account Number : I19990000021
Phone : (904) 356-2600
Fax Number : (904) 355-0233

EFFECTIVE DATE

12/31/10

DISSOLUTION OR WITHDRAWAL
HIXVEST G.P., INC.

Certificate of Status	0
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Am4 Diss
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TALLAHASSEE, FLORIDA

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ARTICLES OF DISSOLUTION

of

HIXVEST G.P., INC.

EFFECTIVE DATE
12/31/2010

Pursuant to Section 607.1403, Florida Statutes, **Hixvest G.P., Inc.**, a Florida corporation (the "Corporation"), submits the following Articles of Dissolution:

ARTICLE I

The name of the corporation is **Hixvest G.P., Inc.** The document number for Corporation is P96000067986.

ARTICLE II

The voluntary dissolution of the Corporation was authorized as of December 29 2010.

ARTICLE III

The dissolution of the Corporation was approved by the shareholders of the Corporation holding a majority of the issued and outstanding stock of the Corporation entitled to vote.

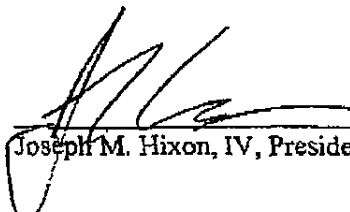
ARTICLE IV

These Articles of Dissolution shall become effective on December 31, 2010, except that if these Articles are not filed by the Department of State of the State of Florida on or before such date, corporate dissolution shall become effective upon filing by the Department of State, and the Corporation shall be dissolved as of such date.

ARTICLE V

Pursuant to Section 607.1407, Florida Statutes, a Notice of Dissolution of the Corporation is attached as **EXHIBIT A**.

Signed this 29th day of December, 2010.



Joseph M. Hixon, IV, President

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EXHIBIT A
NOTICE OF DISSOLUTION
OF
HIXVEST G.P., INC.

This Notice of Dissolution is submitted by Hixvest G.P., Inc., a Florida corporation (the "Corporation"), for resolution of payment of unknown claims against the Corporation as provided in Section 607.1407, Florida Statutes.

ARTICLE I

The name of the Corporation is Hixvest G.P., Inc.

ARTICLE II

The effective date of the voluntary dissolution, as specified in the Articles of Dissolution filed with the Department of State, is December 31, 2010.

ARTICLE III

Claims against the Corporation should be submitted to the address listed below. The following information must be included in each claim:

1. The name, address and telephone number of the claimant, and the name, address and telephone number of the claimant's attorney, if any. If the claimant is not represented by an attorney, the preferred method by which the claimant may be contacted.
2. A description of the claim, including a summary of the facts giving rise thereto and the claimant's reason to believe the Corporation is liable therefor.
3. The harm suffered by claimant.

ARTICLE IV

Claims should be mailed to the Corporation at the following address:

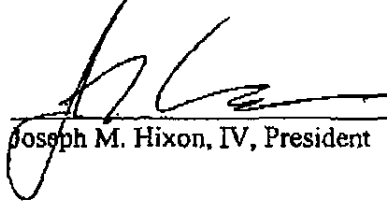
Hixvest G.P., Inc.
4400 Marsh Landing Parkway, Suite 7
Ponte Vedra Beach, Florida 32082

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ARTICLE V

Claims against the Corporation will be barred unless a proceeding to enforce the claim is commenced within four (4) years after the filing of this Notice of Dissolution.



Joseph M. Hixon, IV, President

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