

P9700001837i

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

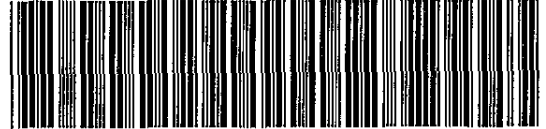
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Certified Copies _____

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03 JUL 25 AM 10:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Diss.

7/25/03

Accessible Funding Services, Inc.

2154 Asbury Avenue
Ocean City, NJ 08226-2727

Phone (609) 399-0021
Facsimile (609) 399-0650
E-mail: snico7@comcast.net

April 4, 2003

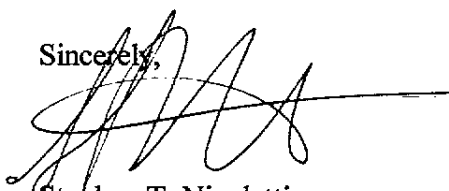
State of Florida
Department of Revenue
5050 W. Tennessee St.
Tallahassee, FL 32399-0140

I am formally informing you that Accessible Funding Services, Inc. is in the process of being terminated.

The corporation has ceased to operate (period).

Is there any additional documentation required by me to close out this corporation or does this formal letter meet all the requirements.

Sincerely,


Stephen T. Nicoletti
President

COPY

* We have not heard back
This is the second letter sent in.

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 is: Accessible Funding
Services, Inc

SECOND: The date dissolution was authorized: 01/2001 (we have sent other letters in, but no form)

THIRD: 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 vote 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

100% myself
(voting group)

Signed this 14 day of July, 2003.

Signature

(By the Chairman or Vice Chairman of the Board, President, or other officer)

Stephen T. Nicoletti
(Typed or printed name)

President/Chairman/100% owner
(Title)

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