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$A_{ccelerated} \, C_{laims} \, P_{rocessing}$

P.O. Box 195121

Winter Springs, Florida 32719-5121

Phone: (407) 277-8889 Fax: (407) 277-7160

March 1, 1999

Florida Department of State
Division of Corporation - Amendement Section
P.O. Box 6327
Tallahassee, FL 32314

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RE: Requeswt For Desolution of Corporation

To Whom It May Concern:

This letter is to verify my request of dissolution of Accelerated Claims Processing, as a corporation.

I have attached the appropriate form and attached a check to cover filing fee of \$35.00 and \$8.75 for Certified copy of the dissolution and an additional \$8.75 for A certificate of status.

Total amount of attached check is \$52.50.

I do not have any attachments as the attorney who filed for corporation is retired and in ill health and is unable to locate the papers.

Thank you for your prompt attention to this matter.

Sincerely,

Jahala M. Willett

DBA Accelerated Claims Processing

3-9-99 3-8-99 99 MAR -4 AM II: 39
SELURE TARY OF STATE

ARTICLES OF DISSOLUTION

Pursuant to 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST:	The name of the corporation is: Accelerated Claims Processing
SECOND:	The filing date of the articles of incorporation was: March 20, 1998
THIRD:	(CHECK ONE)
	None of the corporation's shares have been issued.
	☐ The corporation has not commenced business.
FOURTH:	No debt of the corporation remains unpaid.
FIFTH:	The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.
SIXTH:	Adoption of Dissolution (CHECK ONE)
	Adoption of Dissolution (CHECK ONE) A majority of the incorporators authorized the dissolution. A majority of the directors authorized the dissolution.
Signe	d this 1st day of March , 19 1999.
Signature	By the chairman or vice chairman of the board, president, or other officer - if there are no officers or directors, by an incorporator.)
_	Jahala M. Willett (Typed or printed name)
	Proprietor 10