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(Re	equestor's Name)	
(Ac	ldress)	
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(Ac	idress)	
(Cit	ty/State/Zip/Phone	, #)
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PICK-UP	MAIT	MAIL
(Bu	isiness Entity Nam	ie)
(Do	cument Number)	
Certified Copies	Certificates	of Status
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Special Instructions to Filing Officer:		
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Office Use Only



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05 MAY 16 PM 4: 29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05/16/05--01033--012 **52.50



COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: COR PORALE	DISSO LATION	
DOCUMENT NUMBER:		
The enclosed Articles of Dissolution and	fee are submitted for filing.	
Please return all correspondence concernin	g this matter to the following:	
Southern Investors (Name of	ne of Person)	
SoutHERN INVESTORS	ENTERPRISE INC	
(Name of P.O. Bref 65 CRESTVIEW, P1 32 (City/Sta	Firm/Company)	
CRESTVIEW, FI 3	Address) 2536	
(City/Sta	tte/and Zip Code)	
For further information concerning this ma		
NETTH CEWIS (Name of Person)	at (S(3)) 682-3638 (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amou	int:	
□ \$35 Filing Fee □ \$43.75 Filing Fee & Certificate of Status	□ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) □ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)	
MAILING ADDRESS: Amendment Section Division of Corporations	STREET ADDRESS: Amendment Section Division of Corporations	
P.O. Box 6327	409 E. Gaines Street	

Tallahassee, Florida 32399

Tallahassee, Florida 32314

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, 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:
	Southwar Investore processes, Inc.
SECOND:	The document number of the corporation (if known):
THIRD:	The file date of the articles of incorporation: 10/18/99
FOURTH:	(CHECK AT LEAST ONE BOX)
	None of the corporation's shares have been issued.
	☐ The corporation has not commenced business.
FIFTH:	The corporation has not commenced business. No debt of the corporation remains unpaid.
SIXTH:	The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.
SEVENTH:	Adoption of Dissolution (CHECK ONE)
	A majority of the incorporators authorized the dissolution.
	A majority of the directors authorized the dissolution.
	Signed this 17 day of Manch, 2005.
S	ignature: (By 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, by that fiduciary.) (Typed or printed name of person signing)
	Reside of person signing)

Filing Fee: \$35

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: SouTHERN TWEFON Enterprise	In	<u>~</u>	
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:			
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporatio	RY OF STATE	05 MAY 16 PM 4: 29	

Crest View, 81 32536

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.

Printed Name of the Person Filing

Signature of the Person Filing

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