

P99000096162

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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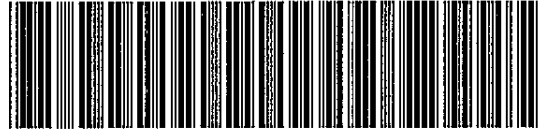
(Business Entity Name)

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Certified Copies _____ Certificates of Status _____

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RECEIVED
03 DEC -1 PM 9:51
FILED
03 DEC -1 PM 12:08
SECRETARY OF STATE
TALLAHASSEE FL 32399

G. Ocullette DEC 01 2003

SPIEGEL & UTRERA, P.A.

(Requestor's Name)

1840 CORAL WAY, 4TH FLOOR

(Address)

MIAMI, FL 33145 (305) 854-6000

(City, State, Zip)

(Phone #)

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Empire Funding Enterprises, Inc. P99000096163
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in

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☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input checked="" type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

**ARTICLES OF DISSOLUTION
OF
EMPIRE FUNDING ENTERPRISES, INC.**

03 DEC -1 PM 12:08
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 607.1403, Florida Statutes, this corporation adopts the following Articles of Dissolution to its Articles of Incorporation:

FIRST: The name and address of this corporation is **EMPIRE FUNDING ENTERPRISES, INC.**, 4510 Central Avenue, Saint Petersburg, Florida 33711.

SECOND: The date of the adoption of these Articles of Dissolution is 3 November, 2003.

THIRD: The dissolution of the corporation was approved by shareholders. The number of votes cast for the amendment was sufficient for approval.

FOURTH: The Articles of Dissolution shall be effective upon the filing with the Secretary of State of Florida.

Signed this 3 November, 2003

EMPIRE FUNDING ENTERPRISES, INC.

By: Kimberly P. Evans
Kimberly P. Evans, President



SPIEGEL & UTRERA, P.A.
LAWYERS

www.amerilawyer.com

1840 CORAL WAY, 4TH FLOOR, MIAMI, FL 33145 - (305) 854-6000 - (800) 603-3900 - FACSIMILE (305) 857-3700
MAILING ADDRESS - POST OFFICE BOX 450605, MIAMI, FL 33245-0605

AFFIDAVIT OF Kimberly P. Evans, PRESIDENT
EMPIRE FUNDING ENTERPRISES, INC., a Florida Corporation

State of Florida)

County of Pinellas)

BEFORE ME, the undersigned authority, personally appeared Kimberly P. Evans who being first duly sworn, deposes and says:

- 1) That he/she is over the age of 18 years and a resident of St Petersburg, Florida.
- 2) That EMPIRE FUNDING ENTERPRISES, INC., a Florida for Profit Corporation has been voluntarily dissolved.
- 3) That EMPIRE FUNDING ENTERPRISES, INC., a Florida for Profit Corporation has no intention of revoking its dissolution of the Corporation which will be filed with the Florida Department of State on _____.
- 4) That the Corporation understands that the name of the Corporation is available for immediate use by any other Corporation.
- 5) That the Corporation has no known claims against it.

SWORN TO AND SUBSCRIBED before me on this November 22, 2003 by Kimberly P. Evans, who is personally known to me or who has produced as identification a Florida Driver's License as identification and who did take an oath.

Kimberly P. Evans
Kimberly P. Evans, President of EMPIRE FUNDING
ENTERPRISES, INC., a Florida Corporation

(Seal)



Robin Whissel
MY COMMISSION # DD068397 EXPIRES
October 31, 2005
BONDED THRU TROY FAIN INSURANCE, INC.

Robin Whissel
Notary Public, State of Florida at Large
Printed Name: ROBIN WHISSEL
My Commission Expires: _____