

P99000104167

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04 APR 29 PM 4:30
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ICGATE, INC

DOCUMENT NUMBER: P 99000 104167

The enclosed Articles of Dissolution and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARTIN C FLYNN, JR
(Name of Person)

MATRIX NETWORK, INC
(Name of Firm/Company)

20 N. ORANGE AVE, 14TH FLOOR
(Address)

ORLANDO, FL 32801
(City/State/and Zip Code)

For further information concerning this matter, please call:

MARTIN C FLYNN, JR at (407) 843-8000
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$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
P.O. Box 6327
Tallahassee, Florida 32314

STREET ADDRESS:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

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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 as currently filed with the Department of State:

IC GATE INC.

SECOND: The document number of the corporation (if known):

P99000104167

THIRD: The date dissolution was authorized:

4/27/04

Effective date of dissolution if applicable:

4/27/04

(no more than 90 days after dissolution file date)

FOURTH: 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 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

(voting group)

Signed this _____ day of _____,

Signature: _____

(By a 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)

MARTIN C FLYNN, JR

(Typed or printed name of person signing)

LIQUIDATING AGENT

(Title of person signing)

Filing Fee: \$35

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

04 APR 29 PM 4:30

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