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(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: First Rate Mortgage Corporation
DOCUMENT NUMBER: VOI144
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Forrest Sygman, Esq. (Name of Contact Person)
Forcest Sygman, P.A. (Firm/Company)
8603 South Dixie Huy.
Miami, FL 33143 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
Forrest Sygman at (305) Uol - 8955 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$\bigcup \\$43.75 Filing Fee & \bigcup \\$43.75 Filing Fee & \bigcup \\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed) Certified Copy (Additional copy is enclosed)
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

FORREST SYGMAN, P.A.

REGIONS BANK BUILDING SUITE 408 8603 SOUTH DIXIE HIGHWAY MIAMI, FLORIDA 33143

TELEPHONE (305) 661-8955 TELECOPIER (305) 668-6225

February 11, 2011

VIA REGULAR U.S. MAIL

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: First Rate Mortgage Corporation

Dear Sir and/or Madam,

Enclosed please find the Cover Letter and Articles of Dissolution along with our check number 4398 totaling \$35.00 dollars in regard to First Rate Mortgage Corp.

Please record the Article of Dissolution and kindly forward your letter of acknowledgment in the enclosed self addressed/stamped envelopes.

If you have any further questions or concerns, please do not hesitate to contact me.

Very truly,

Forrest Sygman, Esquire

FS/ov

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 Florida Department of State: The document number of the corporation (if known): SECOND: The date dissolution was authorized: ___ THIRD: Effective date of dissolution if applicable: (no more than 90 days after dissolution file date) Adoption of Dissolution (CHECK ONE) FOURTH: Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval. Dissolution was approved by 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) 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) (Typed or printed name of person signing)