P13000063918

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(В	usiness Entity Name)	_
(Document Number)		
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	

Office Use Only



900292956999

12/23/16--01005--008 **35.00

SLOW DE CORFORATION

DEC 27 2016 C MCNAIR

COVER LETTER

SUBJECT: Genesis Billing & Collections Corp. DOCUMENT NUMBER: P13000063918 The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Amparo Blanco (Name of Contact Person) Genesis Billing & Collections Corp (Firm/Company) PO Box 127517 (Address) Hisleah, FL 33012 (City/State and Zip Code) For further information concerning this matter, please call: Amparo Blanco (Name of Contact Person) Amparo Blanco (Name of Contact Person) Enclosed is a check for the following amount: IX \$35 Filing Fee \$43.75 Filing Fee & Certificat Copy (Additional copy is enclosed) MAILING ADDRESS: Amendment Section Amendment Section STREET ADDRESS: Amendment Section	то:	Amendment Section Division of Corporations		16 OEC 2
The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Amparo Blanco (Name of Contact Person) Genesis Billing & Collections Corp (Firm/Company) PO Box 127517 (Address) Hialeah, FL 33012 (City/State and Zip Code) For further information concerning this matter, please call: Amparo Blanco (Name of Contact Person) at (305) 772-8120 (Area Code) (Daytime Telephone Number) Enclosed is a check for the following amount: X \$35 Filing Fee \$43.75 Filing Fee & Certificate of Status & Certificate of Status & Certificate of Copy (Additional copy is enclosed) MAILING ADDRESS: STREET ADDRESS:	SUBJEC	T: Genesis Billing & Collections Corp.		
Please return all correspondence concerning this matter to the following: Amparo Blanco (Name of Contact Person) Genesis Billing & Collections Corp. (Firm/Company) PO Box 127517 (Address) Hialeah, FL 33012 (City/State and Zip Code) For further information concerning this matter, please call: Amparo Blanco (Name of Contact Person) Enclosed is a check for the following amount: X \$35 Filling Fee \$43.75 Filling Fee & Certificate of Status & Certificate of Status & Certificate of Status & Certificate of Status & Certificate Copy (Additional copy is enclosed) MAILING ADDRESS: STREET ADDRESS:	DOCUM	ENT NUMBER: <u>P13000063918</u>		0; 34
City/State and Zip Code	The encl	osed Articles of Dissolution and fe	ee are submitted for filing.	
(Name of Contact Person) Genesis Billing & Collections Corp. (Firm/Company) PO Box 127517 (Address) Hialeah, FL 33012 (City/State and Zip Code) For further information concerning this matter, please call: Amparo Blanco (Name of Contact Person) Enclosed is a check for the following amount: X \$35 Filing Fee \$\frac{305}{Certificate of Status}\$\frac{343.75}{Certified Copy}\$\frac{1}{(Additional copy is enclosed)}\$\frac{1}{(Additional Cop	Please re	eturn all correspondence concerning	this matter to the following:	
(Name of Contact Person) Genesis Billing & Collections Corp. (Firm/Company) PO Box 127517 (Address) Hialeah, FL 33012 (City/State and Zip Code) For further information concerning this matter, please call: Amparo Blanco (Name of Contact Person) Enclosed is a check for the following amount: X \$35 Filing Fee \$\frac{305}{Certificate of Status}\$\frac{343.75}{Certified Copy}\$\frac{1}{(Additional copy is enclosed)}\$\frac{1}{(Additional Cop				
Genesis Billing & Collections Corp. (Firm/Company) PO Box 127517 (Address) Hialeah, FL 33012 (City/State and Zip Code) For further information concerning this matter, please call: Amparo Blanco (Name of Contact Person) Enclosed is a check for the following amount: X \$35 Filing Fee \$ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) MAILING ADDRESS: STREET ADDRESS:	Amparo Bla			
(Firm/Company) PO Box 127517 (Address) Hialeah, FL 33012 (City/State and Zip Code) For further information concerning this matter, please call: Amparo Blanco (Name of Contact Person) Enclosed is a check for the following amount: X \$35 Filing Fee \$ 43.75 Filing Fee & Certificate of Status Certificate of Status Amparo Blanco (Area Code) (Daytime Telephone Number) Enclosed is a check for the following amount: X \$35 Filing Fee \$ 43.75 Filing Fee & Certified Copy (Additional copy is enclosed) AMAILING ADDRESS: STREET ADDRESS:		(Name of	Contact Person)	
(Firm/Company) PO Box 127517 (Address) Hialeah, FL 33012 (City/State and Zip Code) For further information concerning this matter, please call: Amparo Blanco (Name of Contact Person) Enclosed is a check for the following amount: X \$35 Filing Fee \$ 43.75 Filing Fee & Certificate of Status Certificate of Status Amparo Blanco (Area Code) (Daytime Telephone Number) Enclosed is a check for the following amount: X \$35 Filing Fee \$ 43.75 Filing Fee & Certified Copy (Additional copy is enclosed) AMAILING ADDRESS: STREET ADDRESS:	Genesis Bil	ling & Collections Corp		
(Address) Hialeah, FL 33012 (City/State and Zip Code) For further information concerning this matter, please call: Amparo Blanco (Name of Contact Person) Enclosed is a check for the following amount: \$\frac{305}{43.75} \) Filing Fee & \$\frac{52.50}{252.50} \) Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed) MAILING ADDRESS: STREET ADDRESS:			/Company)	
(Address) Hialeah, FL 33012 (City/State and Zip Code) For further information concerning this matter, please call: Amparo Blanco (Name of Contact Person) Enclosed is a check for the following amount: \$\frac{305}{43.75} \) Filing Fee & \$\frac{52.50}{252.50} \) Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed) MAILING ADDRESS: STREET ADDRESS:	DO D 40	7547		
(City/State and Zip Code) For further information concerning this matter, please call: Amparo Blanco (Name of Contact Person) Enclosed is a check for the following amount: X \$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	PO Box 12.		Address)	
(City/State and Zip Code) For further information concerning this matter, please call: Amparo Blanco (Name of Contact Person) Enclosed is a check for the following amount: X \$35 Filing Fee \$43.75 Filing Fee & Certificate of Status				
For further information concerning this matter, please call: Amparo Blanco (Name of Contact Person) Enclosed is a check for the following amount: \$\times\$ \$43.75 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (Additional copy is enclosed) MAILING ADDRESS: at (305) 772-8120 (Area Code) (Daytime Telephone Number) \$43.75 Filing Fee & \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed) **MAILING ADDRESS:** STREET ADDRESS:**	Hialeah, FL		e and Zin Code)	
Amparo Blanco (Name of Contact Person) Enclosed is a check for the following amount: \$\text{\$\text{305}\$ Filing Fee}\$ \text{\$\text{\$\text{Certificate of Status}}\$ \$\text{\$\text{\$\text{Certified Copy}}\$ (Additional copy is enclosed)}\$ \$\text{\$\text{\$\text{Certified Copy}}\$ (Additional copy is enclosed)}\$ \$\text{\$\text{\$\text{STREET ADDRESS:}}}\$	For furth	•		
(Name of Contact Person) Enclosed is a check for the following amount: \$\infty\$ \$35 Filing Fee	roi iuitiik	er information concerning this matte	ii, piease caii.	
Enclosed is a check for the following amount: \$\infty\$ \$35 Filing Fee \$\infty\$ \$43.75 Filing Fee & Certificate of Status \$\infty\$ Certified Copy (Additional copy is enclosed) \$\infty\$ (Additional copy is enclosed) \$\infty\$ STREET ADDRESS:	Amparo Bla		at (305) 772-8120	
**\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{43.75 Filing Fee} & Certificate of Status & Certified Copy (Additional copy is enclosed)}} \$\text{\$		(Name of Contact Person)	(Area Code) (Daytim	e Telephone Number)
Certificate of Status Certified Copy Certificate of Status & (Additional copy is Certified Copy enclosed) (Additional copy is enclosed) MAILING ADDRESS: STREET ADDRESS:	Enclosed	is a check for the following amount	t:	
	∑ \$35 F		Certified Copy (Additional copy is enclosed)	Certificate of Status & Certified Copy Additional copy is
Division of Corporations Division of Corporations	A	Amendment Section	Amendmer	t Section

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

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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 St		
	Genesis Billing & Collections Corp.		
SECOND:	The document number of the corporation (if known): P13000063918		
THIRD:	The date dissolution was authorized: 12/15/2016		
	Effective date of dissolution <u>if applicable</u> : (no more than 90 days after dissolution file date) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.		
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 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)		
	Amparo Blanco		
	(Typed or printed name of person signing)		
	President (Title of person signing)		