## 618606

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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
<b>,</b>
Special Instructions to Filing Officer:





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## **COVER LETTER**

TO: Amendment Section

Division of Corporations	
SUBJECT: G'E EWILKERIN	EUTS INC.
DOCUMENT NUMBER: 68606	
The enclosed Articles of Dissolution and fee are submitted for filing.	
Please return all correspondence concerning thi	s matter to the following:
DANIEL REYNOLISS	>
(Name of Con	tact Person)
(Firm/Co	ompany)
360 HARBOR RD.	
(Address HIAWASSE, GA 3056 (City/State and City/State and City/Sta	
For further information concerning this matter,	please call:
DANIEL REYNOUSS (Name of Contact Person)	at (954) 444-8025  (Area Code & Daytime Telephone Number)
Certificate of Status C	S43.75 Filing Fee & \$\sum \\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed) (Additional copy is enclosed)
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: 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: The name of the corporation as currently filed with the Florida Department of State: FIRST: The document number of the corporation (if known): <u>UNOCO</u> SECOND: The date dissolution was authorized: THIRD: Effective date of dissolution if applicable: (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 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: - if directors or officers have not been selected, by an incorporator hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary) (Typed or printed name of person signing)

Filing Fee: \$35

(Title of person signing)

## **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. 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: THE KOLLOWING BUT NOT MIMITED TO CLAIMANTS, CORPORATION ADDRESS AND CONTACT INFORMATION TO THOSE PLACING THE CHAIM, JOIS THE CHAIM IS AGAINST, THE DATES THE CHAIM EMCOMPRESES, COPYS OF THE INITIAL BILLINGS THAT WHERE NOT ALLEGED PAYCD AND ALL TORCK UP INFO FOR THE ALLEGED CHAIN. Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) HARBOR TO GA 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. GIE ENTERPRISES INC. ENTURPISIONS INC DANIEL A REYWOLDS

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

Printed Name of the Person Filing