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(Re	equestor's Name)	
(Ac	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE

ALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT:	
DOCUMENT NUMBER:	
The enclosed Articles of Dissolution and fee are submitt	ted for filing.
Please return all correspondence concerning this matter to	o the following:
LINDA J. HART (Name of Contact Person	
HART QUESTIONED DOCUM (Firm/Company)	,
4631 TRUMAN LANE (Address)	
VIRGINIA BEACH, VA (City/State and Zip Co	23455 ode)
LINDA HART at (73	_
Enclosed is a check for the following amount:	
\$35 Filing Fee \$43.75 Filing Fee & \$43.75 Filing Fee & Certified C (Additional enclosed)	l copy is Certified Copy
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 607.1401, 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	:	
	HART QUESTIONED DOCUMENT LABOR	ATOR	4.	INC
SECOND:	The document number of the corporation (if known): 6584/	<u>3</u> ·	. ,	
THIRD:	The file date of the articles of incorporation:09-07-83			
FOURTH:	(CHECK AT LEAST ONE BOX)			
	None of the corporation's shares have been issued.			
	The corporation has not commenced business.			
FIFTH:	No debt of the corporation remains unpaid.			
SIXTH:	The net assets of the corporation remaining after winding up have been distr to the shareholders, if shares were issued.	ributed	0	
SEVENTH:	Adoption of Dissolution (CHECK ONE)	ECRE	08 SEP -5	""
	A majority of the incorporators authorized the dissolution.	TARY ASSE	-5	-
	A majority of the directors authorized the dissolution.	RETARY OF STATE	AM 8: 13	
Sign	(By a director, president or other officer - if directors or officers have not been selected, by an in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)	ncorporato	r - if	
	(Typed or printed name of person signing)			
	PRESIDENT (Title of Person Signing)			

Filing Fee: \$35

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims

Name of Corporation: 1773 Date of dissolution will be t	RT QUESTIDNED he date the dissolution is filed with	the Department of State or as	eratoly,
specified in the Articles of I	Dissolution.		
Description of information t	that must be included in a claim:	a 4	
		•	
<u></u>			
	<u> </u>		
			
	ns can be sent: (Claims cannot be se		

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.

VIRGINIA BEACH NA 23455