U500120601

(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

Photie: 850-558-1500				
ACCOUNT NO. : 12000000195				
REFERENCE : 739364 8265647				
AUTHORIZATION Spelle Man				
COST LIMIT : \$ 25.00				
ORDER DATE : March 31, 2021				
ORDER TIME : 10:11 AM				
ORDER NO. : 739364-005				
CUSTOMER NO: 8265647				
DOMESTIC FILINGS				
NAME: CAMPINAL ACOUTOTHTON AT C				
NAME: GATEWAY ACQUISITION, LLC				
XX ARTICLES OF DISSOLUTION				
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:				
CERTIFIED COPY				
XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING				
CONTACT PERSON: Eyliena Baker - EXT#				

EXAMINER'S INITIALS: _

COVER LETTER

TO: Registration Section Division of Corporations Gateway Acquisition, LLC SUBJECT: (Name of Limited Liability Company) The enclosed Articles of Dissolution and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Michael Farrell (Name of Person) Innovest Capital, Inc. (Firm/Company) 2 Mount Royal Avenue, Suite 325 (Address) Marlborough, MA 01752 (City/State and Zip Code) For further information concerning this matter, please call: Michael Farrell (Name of Person) (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: □ \$55.00 Filing Fee, Certificate of Dissolution & □ \$25.00 Filing Fee and Certificate of Dissolution Certified Copy (additional copy is enclosed) Mailing Address: Street Address:

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

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

2 1 -1 1" 8:51

1.	The name of a limited liabili Gateway Acquisition, LLC	ty company is	
2.	The Articles of Organization	were filed on 12/19/2005	and assigned
	document number L0500012	20601	
3.	(effective of Note: If the date inserted in the	e dissolution if not effective on the date cannot be prior to or more than 90 days is block does not meet the applicable sive date on the Department of State's reference.	s later than date document is received for filing) tatutory filing requirements, this date will not be
4.	A description of occurrence 605.0707, Florida Statutes, (c	that resulted in the limited liability opp 605.0707 on back cover letter)	company's dissolution pursuant to section
5.	If there are no members, enter activities and affairs:	er the name and address of the person Michael Farrell	on appointed to wind up the company's
		225 W. Seminole Blvd. Unit 1604	Sanford, FL 32771
6. ab	Signature of an authorized pove to wind up the company?	erson or if there are no members, the sactivities and affairs:	e signature of the person appointed and listed
· \	Michel Signature	Mid Mid	nat (Farrel) Printed Name

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is a voluntary dissolution.	optional and is not required when filing a
Name of Limited Liability Company:Acquisition, LLe	
Document number of Limited Liability Company is:	0601
Date of dissolution was:	
Description of information that must be included in a written c	laim:
Mailing address where claims can be sent: (Claims cannot be s	ent to the Division of Corporations)
225 W. Seminole Blvd. Unit 1604 Sanford, FL 32771	
A claim against the above named limited liability company wil claim is commenced within 4 years after the filing of this notic	
Michael C Farreil Printed Name of the Person Filing	Signature of the Person Filing
	0

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00