## L20005

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

Office Use Only



900229366129

04/18/12--01027--006 \*\*43.75

12 APR 18 PM 12: 42

FILED SECRETARY OF SHATE DIVISION OF CORPORATIONS

AMD 155/CC MI 19/12

## **COVER LETTER**

TO: Amendment Section	
Division of Corporations	
SUBJECT: Gateway Assignor Corp	ooration, Inc.
•	
DOCUMENT NUMBER: L20065	
The enclosed Articles of Dissolution and fee	e are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Deborah A. Hawke	
	ontact Person)
,	
Raymond James Financial, Inc.	
(Firm/	(Company)
880 Carillon Parkway	
(Add	dress)
St. Petersburg, FL 33716	
	and Zip Code)
For further information concerning this matter	er, please call:
Debbie Hawke	at ( 727 ) 567-5185
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amoun	t:
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee, Certified Copy (Additional copy is enclosed)  Certificate of Status & Certified Copy (Additional copy is enclosed)
MAILING ADDRESS:	STREET ADDRESS:
Amendment Section Division of Corporations	Amendment Section Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	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 State:			
	Gateway Assignor Corporation, Inc.			
SECOND:	The document number of the corporation (if known): L20065			
THIRD:	The date dissolution was authorized: April 10 , 2012			
	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 f was sufficient for approval.	for dissolution		
	Dissolution was approved by the shareholders through voting groups.			
	The following statement must be separately provided for each voting group ento vote separately on the plan to dissolve:	ntitled		
	The number of votes cast for dissolution was sufficient for approval by			
	(voting group)			
	(voting group)	SEON INVISION 12 API		
		SECRETARY OF STATE INTSION OF CORPORATION		
	Signature:	PH R		
	(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)	MATICHS		
	Ronald M. Diner			
	(Typed or printed name of person signing)			
	Director/President			
	(Title of person signing)			

Filing Fee: \$35