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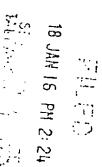


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COVER LETTER

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations Dissolution of Provost & Partners, Inc. SUBJECT: DOCUMENT NUMBER: The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: J. Robert Taglairino (Name of Contact Person) Provost & Partners, Inc. (Firm/Company) 75 SW 15th RD (Address) Miami, FL 33129 (City/State and Zip Code) For further information concerning this matter, please call: J. Robert Taglairino (Name of Contact Person) (Area Code) (Davtime Telephone Number) Enclosed is a check for the following amount: □ \$35 Filing Fee □ \$43.75 Filing Fee & □ \$43.75 Filing Fee. Certificate of Status Certified Copy Certificate of Status & (Additional copy is Certified Copy enclosed) (Additional copy is enclosed) MAILING ADDRESS: **STREET ADDRESS:** Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 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 State Provost & Partners, Inc.				
SECOND:	, , , , , , , , , , , , , , , , , , , ,				
THIRD:	The date dissolution was authorized: October 31, 2017				
	Effective date of dissolution if applicable: December 31, 2017				
	Note: If the date inserted in this block does not meet the applicable statutory filing require not be listed as the document's effective date on the Department of State's records.		vill		
FOURTH:	Adoption of Dissolution (CHECK ONE)				
	Dissolution was approved by the shareholders. The number of votes ca was sufficient for approval.	st for dissolutio	n		
	☐ Dissolution was approved by the shareholders through voting groups.				
	The following statement must/be separately provided for each voting group to vote separately on the plan to dissolve:	= 0 -			
	The number of votes cast for dissolution was sufficient for approval by	B JAN 16			
	(voting group)	PH 2: 2	1 7		
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\$	Signature president of 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)				
	J. Robert Taglairino				
	(Typed or printed name of person signing)				
	President Mober Sures, 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 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. Provost & Partners, Inc. Name of Corporation: 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: Copy of authorized order with signature of corporate officer ordering product, service or fee. Proof or delivery of product or service specifically as ordered. No services, fees or orders alleged after suspension of business/operations will be considered. Operations suspended 12/31/15 Provost & Partners, Inc. forfeited all assets on 9/30/15. Any taxation claims on assets owned after 9/30/15 are invalid. Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) Mailing Address: 75 SW 15th RD, Miami, FL 33129. Physical address: 75 Broadway, Miami, FL 33129 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. J. Robert Taglairino Printed Name of the Person Filing