

M81180

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

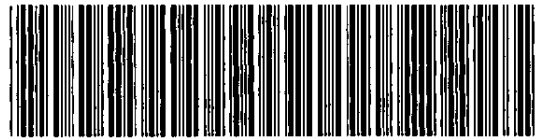
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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12/23/09--01033--006 \*\*35.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 DEC 23 AM 9:30

FILED

*Valid  
w/Notice*

D. GONNELL DEC 30 2009



**ARCADIS**

*Infrastructure, environment, buildings*

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Subject:  
GMCE, Inc.

Dear Sir/Madam:

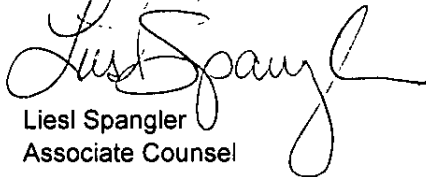
Please find enclosed the required document to dissolve GMCE, Inc. a Florida corporation, along with the fee of \$35.00 for this process.

Please call me at the number indicated to the right if there are any questions.

Thank you for your assistance.

Sincerely,

ARCADIS U.S., Inc.

  
Liesl Spangler  
Associate Counsel

Enclosures

ARCADIS  
630 Plaza Drive  
Suite 200  
Highlands Ranch  
Colorado 80129  
Tel 720.344.3500  
Fax 720.344.3535  
[www.arcadis-us.com](http://www.arcadis-us.com)

LEGAL SERVICES

Date:  
December 22, 2009

Contact:  
Liesl Spangler

Phone:  
720.344.3796

Email:  
[Liesl.spangler@arcadis-us.com](mailto:Liesl.spangler@arcadis-us.com)

Fax:  
720.344.3535

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** GMCE, Inc.

**DOCUMENT NUMBER:** M81180

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Steve Niparko

(Name of Contact Person)

ARCADIS U.S., Inc.

(Firm/Company)

630 Plaza Drive, Suite 100

(Address)

Highlands Ranch, CO 80129

(City/State and Zip Code)

For further information concerning this matter, please call:

Liesl Spangler

(Name of Contact Person)

at ( 720 ) 344-3796

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$35 Filing Fee     \$43.75 Filing Fee & Certificate of Status     \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)     \$52.50 Filing Fee, Certificate of Status & Certified Copy (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:

FIRST: The name of the corporation as currently filed with the Florida Department of State:  
GMCE, Inc.

SECOND: The document number of the corporation (if known): M81180

THIRD: The date dissolution was authorized: December 9, 2009

Effective date of dissolution if applicable: N/A  
(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: 

(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)

Peter L. Palmer

(Typed or printed name of person signing)

Director & Sole Shareholder

(Title of person signing)

SECRETARY OF STATE  
JANUARY 11 2010  
09 DEC 23 AM 9:30  
FILED

**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.

Name of Corporation: GMCE, Inc.

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:

Nature of the claim \_\_\_\_\_

Date of services at issue \_\_\_\_\_

Relevant documents \_\_\_\_\_

Names of persons with knowledge \_\_\_\_\_

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

GMCE, Inc.

c/o Legal Department

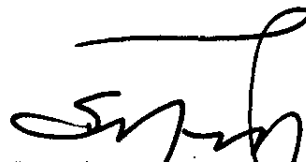
630 Plaza Drive, Suite 100

Highlands Ranch, CO 80129

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.

Steve Niparko

Printed Name of the Person Filing



Signature of the Person Filing

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