

NI1000007323

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

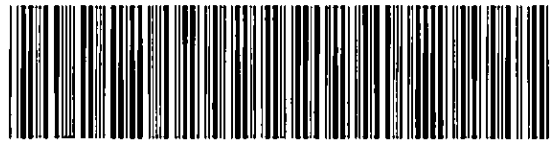
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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FILED
2018 DEC 12 PM 4:02
SECRETARY OF STATE
TALLAHASSEE, FL

12/13/18--01001--005 **35.00

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DEC 12 2018

12 DEC 12 PM 3:46

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Gainesville Regional Business Affairs - PC, Inc.

DOCUMENT NUMBER: N16000007323

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

Please return all correspondence concerning this matter to the following:

Clay Martin

(Name of Contact Person)

Folds & Walker, LLC

(Firm/Company)

527 East University Avenue

(Address)

Gainesville, FL 32601

(City/State and Zip Code)

For further information concerning this matter, please call:

Clay Martin

(Name of Contact Person)

at (352)
(Area Code)

372-1282

(Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|---|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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 617.1403, Florida Statutes, this Florida not for profit corporation submits the following Articles of Dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:

Gainesville Regional Business Affairs - PC, Inc.

SECOND: The document number of the corporation (if known): N16000007323

THIRD: Adoption of Dissolution
(COMPLETE SECTION I OR II)

SECTION I

If the corporation has members entitled to vote:

(CHECK/COMPLETE ONE)

☐ The date of meeting of members at which the resolution to dissolve was adopted December 6, 2018. The number of votes cast by the members was 8 sufficient for approval.

☐ The resolution was adopted by written consent of the members and executed in accordance with section 617.0701, Florida Statutes.

SECTION II

If the corporation has no members or members entitled to vote on the dissolution:

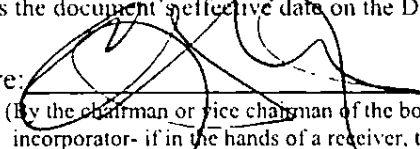
The corporation has no members or members entitled to vote on the dissolution.

The date of adoption of the resolution by the board of directors was December 6, 2018.

The number of directors in office was 8 and the vote for resolution was 8 for and 0 against. (Must be a majority vote)

FOURTH Effective date of dissolution, if applicable: December 31, 2018
(no more than 90 days after dissolution file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Signature: 

(By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

Clay Martin

(Typed or printed name of person signing)

Chairman of the Board

(Title of person signing)

Filing Fee: \$35

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2018 DEC 12 PM 4:02
SECRETARY OF STATE
TALLAHASSEE, FL

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. 617.1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: Gainesville Regional Business - PC, 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:

1. Name, street address, mailing address, phone number, contact person, and email address of claimant.

2. Amount and nature/contractual basis for claim.

3. Date obligation creating claim was incurred.

4. Corporate agent authorizing or creating obligation upon which claim is based.

5. Any documentation in possession of claimant supporting the claim and the obligation creating the claim.

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

Folds & Walker, LLC

Attn: Clay Martin

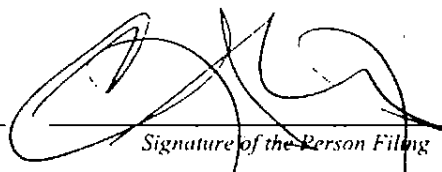
527 East University Avenue

Gainesville, FL 32601

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.

Clay Martin

Printed Name of the Person Filing


Signature of the Person Filing