

07/02/2012 09:31

239-939-2280

COSTELLO ROYSTON&WIC

PAGE 02/04

TRANSMISSION VERIFICATION REPORT

TIMEL : 02/29/2012 04:08
NAME : COSTELLO ROYSTON&WIC
FAX : 239-939-2280
TEL :
SER. # : BR0L0J229312

DATE, TIME
FAX NO./NAME
DURATION
PAGE(S)
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02/29 04:07
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Division of Corporations

Page 1 of 1

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H12000054332 3)))



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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : JOHN M WICKER PA
Account Number : 120070000104
Phone : (239) 939-2222
Fax Number : (239) 939-2280

DISSOLUTION OR WITHDRAWAL
GOLD PLATING SPECIALTIES, INC.

Certificate of Status

0

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 JUL -2 PM 3:14

FILED

RECEIVED
DIVISION OF CORPORATIONS
JUL 2 2012

2012 JUL -2 AM 8:01

TO SECRETARY OF STATE
SUFFICIENCY OF FILING

DIS/SS/2/10/12
7-210

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ARTICLES OF DISSOLUTIONFILED
2012 JUL -2 PM 3:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:
GOLD PLATING SPECIALTIES, INC.

SECOND: The document number of the corporation (if known): **P04000045209**

THIRD: The date dissolution was authorized: **JANUARY 1, 2012**
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: *Clodagh W. Garry*

(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)

CLODAGH W. GARRY

(Typed or printed name of person signing)

DIRECTOR

(Title of person signing)

Filing Fee: \$35

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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: GOLD PLATING SPECIALTIES, 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:

NAME OF CREDITOR; PRODUCT OR SERVICE PROVIDED; TOTAL AMOUNT
AMOUNT OF CLAIM; ACCOUNT SUMMARY; INVOICES; AND REFERENCE
TO CONTRACT, IF APPLICABLE.

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

P.O. BOX 60205

FORT MYERS, FL 33906

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.

CLODAGH W. GARRY

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

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