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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

VOLDIS
03/30/09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: S+D CONSULTING SERVICES, INC

DOCUMENT NUMBER: PD 500010 2227

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

Please return all correspondence concerning this matter to the following:

STEPHEN M. GRUBISH

(Name of Contact Person)

S+D CONSULTING SERVICES INC.

(Firm/Company)

P.O. BOX 2298

(Address)

SEBASTIAN, FL. 32978

(City/State and Zip Code)

For further information concerning this matter, please call:

STEPHEN M. GRUBISH at (772) 581-4197

(Name of Contact Person)

(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 607.1401, 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:

S&D CONSULTING SERVICES INC.

SECOND: The document number of the corporation (if known): PO5000102227

THIRD: The file date of the articles of incorporation: JULY 21, 2005

FOURTH: (CHECK AT LEAST ONE BOX)

☐ None of the corporation's shares have been issued.

☒ The corporation has not commenced business.

FIFTH: No debt of the corporation remains unpaid.

SIXTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.

SEVENTH: Adoption of Dissolution (CHECK ONE)

☒ A majority of the incorporators authorized the dissolution.

☐ A majority of the directors authorized the dissolution.

Signature: XX

Stephen M. Grubish (POA)
(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.)

STEPHEN M. GRUBISH

(Typed or printed name of person signing)

PRESIDENT

(Title of Person Signing)

Filing Fee: \$35

FILED
09 MAR 30 PM 12:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

General Power of Attorney

(with Durable Provision)

NOTICE: THIS IS AN IMPORTANT DOCUMENT. BEFORE SIGNING THIS DOCUMENT, YOU SHOULD KNOW THESE IMPORTANT FACTS. THE PURPOSE OF THIS POWER OF ATTORNEY IS TO GIVE THE PERSON WHOM YOU DESIGNATE (YOUR "AGENT") BROAD POWERS TO HANDLE YOUR PROPERTY, WHICH MAY INCLUDE POWERS TO PLEDGE, SELL OR OTHERWISE DISPOSE OF ANY REAL OR PERSONAL PROPERTY WITHOUT ADVANCE NOTICE TO YOU OR APPROVAL BY YOU. YOU MAY SPECIFY THAT THESE POWERS WILL EXIST EVEN AFTER YOU BECOME DISABLED, INCAPACITATED OR INCOMPETENT. THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL OR OTHER HEALTH CARE DECISIONS FOR YOU. IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER TO EXPLAIN IT TO YOU. YOU MAY REVOKE THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO.

TO ALL PERSONS, be it known that I, STEPHEN M. GRUBISH
of 685 KADEL AVE, SEABOARD NC 28583
the undersigned Grantor (hereinafter Principal), do hereby make and grant a general power of attorney to
DEBORAH L. STICKLAND of 685 KADEL AVE, SEABOARD NC
and do thereupon constitute and appoint said individual as my Attorney-in-Fact/Agent.

If my Agent is unable to serve for any reason, I designate CHARIE SEXTON
of 15604 RYDER CUP DR, HAYMARKER VA 20169, as my successor Agent.

My Attorney-in-Fact/Agent shall act in my name, place and stead in any way that I myself could do, if I were personally present, with respect to the following matters, to the extent that I am permitted by law to act through an agent:

(NOTICE: The Principal must write his or her initials in the corresponding blank space of each box below with respect to each of the subdivisions (A) through (N) below for which the Principal wants to give the agent authority. If the blank space within a box for any particular subdivision is NOT initialed, NO AUTHORITY WILL BE GRANTED for matters that are included in that subdivision. Cross out each power withheld.)

- | | | |
|--------------|-----|--|
| [<u>✓</u>] | (A) | Real estate transactions |
| [<u>✓</u>] | (B) | Tangible personal property transactions |
| [<u>✓</u>] | (C) | Bond, share and commodity transactions |
| [<u>✓</u>] | (D) | Banking transactions |
| [<u>✓</u>] | (E) | Business operating transactions |
| [<u>✓</u>] | (F) | Insurance transactions |
| [<u>✓</u>] | (G) | Gifts to charities and individuals other than Attorney-in-Fact/Agent
(If trust distributions are involved or tax consequences are anticipated,
consult an attorney.) |
| [<u>✓</u>] | (H) | Claims and litigation |
| [<u>✓</u>] | (I) | Personal relationships and affairs |
| [<u>✓</u>] | (J) | Benefits from military service |

- [] (K) Records, reports and statements
- [] (L) Full and unqualified authority to my Attorney-in-Fact/Agent to delegate any or all of the foregoing powers to any person or persons whom my Attorney-in-Fact/Agent shall select
- [] (M) Access to safe deposit box(es)
- [] (N) All other matters

Durable Provision:

- [] (O) If the blank space in the block to the left is initialed by the Principal, this power of attorney shall not be affected by the subsequent disability or incompetence of the Principal.

Other Terms: _____

My Attorney-in-Fact/Agent hereby accepts this appointment subject to its terms and agrees to act and perform in said fiduciary capacity consistent with my best interests as he or she in his or her best discretion deems advisable, and I affirm and ratify all acts so undertaken.

TO INDUCE ANY THIRD PARTY TO ACT HEREUNDER, I HEREBY AGREE THAT ANY THIRD PARTY RECEIVING A DULY EXECUTED COPY OR FACSIMILE OF THIS INSTRUMENT MAY ACT HEREUNDER, AND THAT REVOCATION OR TERMINATION HEREOF SHALL BE INEFFECTIVE AS TO SUCH THIRD PARTY UNLESS AND UNTIL ACTUAL NOTICE OR KNOWLEDGE OF SUCH REVOCATION OR TERMINATION SHALL HAVE BEEN RECEIVED BY SUCH THIRD PARTY, AND I FOR MYSELF AND FOR MY HEIRS, EXECUTORS, LEGAL REPRESENTATIVES AND ASSIGNS, HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS ANY SUCH THIRD PARTY FROM AND AGAINST ANY AND ALL CLAIMS THAT MAY ARISE AGAINST SUCH THIRD PARTY BY REASON OF SUCH THIRD PARTY HAVING RELIED ON THE PROVISIONS OF THIS INSTRUMENT.

Signed under seal this 10th day of May 20 08.

Signed in the presence of:

Robert H. Hight
Witness

Charles H. Clark
Witness

 XX
Grantor (Principal)

Sharon L. Stokeland
Attorney-in-Fact/Agent

State of Florida
County of Indian River

On May 10, 2008, before me, Amita McConnell
appeared STEPHEN M. GRUBISH, personally known to me (or proved
to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within
instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies),
and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the
person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Amita McConnell

Signature of Notary

Affiant Known ☒ Produced ID

Type of ID _____

(Seal)

AMITA McCONNELL
Notary Public, State of Florida
My Comm. Expires Oct. 18, 2011
No. 00728316

Stephen M. Grubish, personally known by
me, has signed this document with
XX and ✓ marks. Stephen is unable
to use his right hand to make
his written signature.

Amita McConnell

813. 598. 6379

Designation of Health Care Surrogate

Name Stephen M. GRUBISH

In the event I have been determined to be incapacitated to provide informed consent for medical treatment and surgical and diagnostic procedures, I wish to designate, as my surrogate for health care decisions:

Name DEBORAH L. STRICKLAND
Street Address 685 KROEBEL AVE
City SEBASTIAN State FL Zip 32958
Phone 772-581-4197

If my surrogate is unwilling or unable to perform his or her duties, I wish to designate as my alternate surrogate:

Name Cherie Sexton
Street Address 15604 RYDER CREEK DR
City HAYMARKET State VA Zip 20169
Phone 703-582-8720

I fully understand that this designation will permit my designee to make health care decisions and to provide, withhold, or withdraw consent on my behalf; or apply for public benefits to defray the cost of health care, and to authorize my admission to or transfer from a health care facility.

Additional instructions (optional):

I further affirm that this designation is not being made as a condition of treatment or admission to a health care facility. I will notify and send a copy of this document to the following persons other than my surrogate, so they may know who my surrogate is.

Name ANITA McConnell
Name ROGER Haight
Signed

X
STEPHEN M. GRUBISH

Witnesses

Anita McConnell
Roger Haight

At least one witness must not be a husband or wife or a blood relative of the principal.

This form offered as a courtesy of The Florida Bar and the Florida Medical Association.