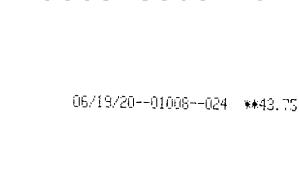
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only





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COVER LETTER

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations			
SUBJECT: <u>CORPORATE</u> <u>D</u>	ISSOLUTION	<u> </u>	-
DOCUMENT NUMBER: 15-80	013453804		_
The enclosed Articles of Dissolution an	d fee are submitted for file	ng.	
Please return all correspondence concerr	ning this matter to the follo	owing:	
THERESA S	CHMAL FUSS of Contact Person)		_
(Name	of Contact Person)		
QPAC A	Firm/Company)		
(F	Firm/Company)		ني .
2575 BA	RBANOS INI	;	20
	RBADOS LN (Address)) 44 30 1 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
- A - B - A - A	/ 5: 3-0/7		
VERO ISEACH	, FL 32967 State and Zip Code)		<u>참</u> (1)
(City).	State and Zip Code)		
For further information concerning this i	matter, please call:		30 AMTE 65
ABOUE (Name of Contact Person)	at (_ 772	539 2955	
(Name of Contact Person)	(Area Code)	(Daytime Telephone No	umber)
Enclosed is a check for the following am	nount:		
□ \$35 Filing Fee □ \$43.75 Filing Fee Certificate of Status		& □ \$52.50 Filing Fee, Certificate of Status Certified Copy (Additional copy is enclosed)	&
Mailing Address: Amendment Section Division of Corporations	Am	eet Address: iendment Section rision of Corporations	
P.O. Box 6327		e Centre of Tallahassee	
Tallahassee, FL 32314	241	5 N. Monroe Street, Suite	810

Tallahassee, FL 32303

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:
	GPAC INC
SECOND:	The document number of the corporation (if known): 15-8013453804 20-32
THIRD:	The date dissolution was authorized: $\frac{6/30/2020}{}$
	Effective date of dissolution if applicable: (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.
FOURTH:	Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation. 20 30 ANTE OF STATE OF STA
	Signature: (By a director, president or other officer - if directors of officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)
	The resam. Schma Fuss (Typed or printed name of person signing)
	(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. Name of Corporation: THE INC The above named corporation is the subject of dissolution and the effective date of a dissolution is: $\frac{4}{30}$ (date filed with the Dept. if date specified in the Articles of Dissolution) Description of information that must be included in a claim: Mailing address where written claims can be sent: (Claims cannot be sent to the Division of Corporations) 2575 BARBADOS LN VERO BEACH, FL 32967 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. Signature of the Person Filing

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