

PD5000131409

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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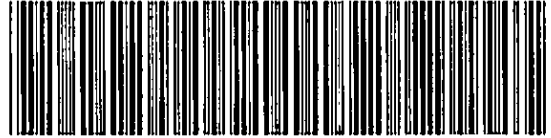
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Corporation Dissolution due to Death of Principal

DOCUMENT NUMBER: P05000131409

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

Please return all correspondence concerning this matter to the following:

Megin V. Miller

(Name of Contact Person)

JAMSE ENGINEERING INC

(Firm/Company)

411 ST. JOHNS AVENUE

(Address)

GREEN COVE SPRINGS, FL 32043

(City/State and Zip Code)

For further information concerning this matter, please call:

MEGIN V MILLER

(Name of Contact Person)

at (904-284-2896

(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:
JAMSE ENGINEERING INC

SECOND: The document number of the corporation (if known): P05000131409

THIRD: The date dissolution was authorized: 05/02/2018

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.

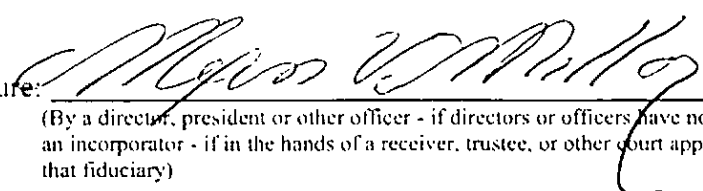
FOURTH: Adoption of Dissolution (CHECK ONE)

- ☒ 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)

MEGIN V. MILLER

(Typed or printed name of person signing)

VICE PRESIDENT

(Title of person signing)

THIS DOCUMENT HAS A LIGHT BACKGROUND ON TRUE WATERMARKED PAPER. HOLD TO LIGHT TO VERIFY FLORIDA WATERMARK.

BUREAU of VITAL STATISTICS

CERTIFICATION OF DEATH

STATE FILE NUMBER: 2018024535

DATE ISSUED: FEBRUARY 14, 2018

DECEDENT INFORMATION

DATE FILED: FEBRUARY 14, 2018

NAME: JOHN ALBERT MILLER

DATE OF DEATH: FEBRUARY 11, 2018

SEX: MALE

AGE: 078 YEARS

DATE OF BIRTH: FEBRUARY 21, 1939

SSN: 369-40-5392

BIRTHPLACE: DETROIT, MICHIGAN, UNITED STATES

PLACE WHERE DEATH OCCURRED: HOSPICE

FACILITY NAME OR STREET ADDRESS: COMMUNITY HOSPICE HADLOW CENTER FOR CARING

LOCATION OF DEATH: JACKSONVILLE, DUVAL COUNTY, 32257

RESIDENCE: 411 ST JOHNS AVENUE, GREEN COVE SPRINGS, FLORIDA 32043, UNITED STATES

COUNTY: CLAY

OCCUPATION, INDUSTRY: CIVIL AND STRUCTURAL ENGINEER, ENGINEER

EDUCATION: MASTERS DEGREE

EVER IN U.S. ARMED FORCES? YES

HISPANIC OR HAITIAN ORIGIN? NO, NOT OF HISPANIC/HAITIAN ORIGIN

RACE: WHITE

SURVIVING SPOUSE / PARENT NAME INFORMATION

(NAME PRIOR TO FIRST MARRIAGE, IF APPLICABLE)

MARITAL STATUS: MARRIED

SURVIVING SPOUSE NAME: MEGIN V HANKE-GOTTLIEB

FATHER'S/PARENT'S NAME: ELMER MILLER

MOTHER'S/PARENT'S NAME: MERIDITH CONRAD

INFORMANT, FUNERAL FACILITY AND PLACE OF DISPOSITION INFORMATION

INFORMANT'S NAME: MEGIN V MILLER

RELATIONSHIP TO DECEDENT: WIFE

INFORMANT'S ADDRESS: 411 ST JOHNS AVENUE, GREEN COVE SPRINGS, FLORIDA 32043, UNITED STATES

FUNERAL DIRECTOR/LICENSE NUMBER: BRYAN W. BOX, F064325

FUNERAL FACILITY: CREVASSE'S SIMPLE CREMATIONS INC F226306

8380 BAYMEADOWS RD STE 10, JACKSONVILLE, FLORIDA 32256

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: JACKSONVILLE REGENCY CREMATORY
JACKSONVILLE, FLORIDA

CERTIFIER INFORMATION

TYPE OF CERTIFIER: CERTIFYING PHYSICIAN

TIME OF DEATH (24 HOUR): 2200

CERTIFIER'S NAME: RUTH ROGERS STREETER

CERTIFIER'S LICENSE NUMBER: ME91423

NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER): NOT ENTERED

MEDICAL EXAMINER CASE NUMBER: NOT APPLICABLE

DATE CERTIFIED: FEBRUARY 12, 2018



STATE REGISTRAR

REQ: 2018979269

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.

WARNING:

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