POSELUTIA

(Re	questor's Name)			
(Address)				
(Ad	dress)			
(Cit	y/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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R. WHITE

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SECRETARY OF SIME



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 1, 2016

LAWRENCE D BUTCHER 2720 OLEANDER ST JAMES CITY, FL 33956

SUBJECT: BRIESE CONSTRUCTION, INC.

Ref. Number: P05000147432

We have received your document for BRIESE CONSTRUCTION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above referenced entity is a an active corporation and as such, a revocation of dissolution cannot be filed for an active corporation. If it is your intent to dissolve the corporation, Please find enclosed and complete articles of dissolution.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White Regulatory Specialist II

Letter Number: 716A00002153



COVER LETTER

TO: Amendment Section						
Division of Corporations						
SUBJECT: DISSOLUTION OF BRIESE CONSTIGUETTON						
DOCUMENT NUMBER: Porce	00147432					
The enclosed Articles of Dissolution and fe	ee are submitted for filing	3.				
Please return all correspondence concerning	this matter to the follow	ring:				
LAURENCE D. (Name of C	BURHER					
`	,					
Bairs Cons	Trace Tod, I	-Ne				
(Firm	n/Company)					
2720 DIEANDER						
•						
ST. JAMES City (City/State	F1. 33952					
(City/Stat	te and Zip Code)	`				
For further information concerning this mat	ter, please call:					
(Name of Contact Person)	at (<u>239- 8-</u> (Area Code)	5/-5963 (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:		ET ADDRESS:				
Amendment Section Division of Corporations		ndment Section ion of Corporations				
P.O. Box 6327		on Building				
Tallahassee, FL 32314	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: BRIESE CONSTRUCTION, INC.					
SECOND:	The document number of the corporation (if known): P65 000 / 47 / 3 2	<u>></u>				
THIRD:	The date dissolution was authorized:					
	Effective date of dissolution <u>if applicable:</u> (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 not be listed as the document's effective date on the Department of State's records.	date wi	11			
FOURTH:	Adoption of Dissolution (CHECK ONE)					
	Dissolution was approved by the shareholders. The number of votes cast for disso was sufficient for approval.	olution				
	☐ 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	က် ကြောင်း	h >			
	Pres - + VICE PEES	GROW 2	; ; ;			
	(voting group)	<i>~</i> —	•			
		PM 5: 05	, C			
	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)		'			
(Typed or printed name of person signing) TRESIDENT (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:	BRISSE CON	TRUCTION,	Ixc.
Date of dissolution will be specified in the Articles of	e the date the dissolution is filed of Dissolution.	with the Department of S	tate or as
Description of information	n that must be included in a claim	:	
Work OB CR	Paroformen/D.	ATE & WOR	K/ Peson
Lange	aims can be sent: (Claims cannot ENCE D. 13u OLFANDER JAMES C.	TO HER	
A claim against the above within 4 years after the fi	e named corporation will be barre ling of this notice.	d unless a proceeding to	enforce the claim is commenced
Printed	Name of the Person Filing	Signati	are of the Person Filing

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