

P06000047879

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

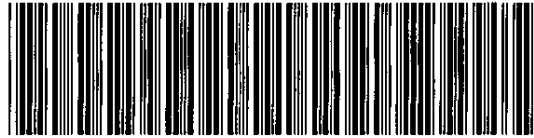
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LANDSCAPES, INC.

DOCUMENT NUMBER: PO6000047879

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

Please return all correspondence concerning this matter to the following:

BARBARA M. FERNANDEZ

(Name of Contact Person)

LANDSCAPES, INC.

(Firm/Company)

13731 FAREHAM ROAD

(Address)

ODESSA, FL. 33556

(City/State and Zip Code)

For further information concerning this matter, please call:

BARBARA M. FERNANDEZ

(Name of Contact Person)

at (813) 453-9998

(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)

NOTE:

See ATTACHED Letter FOR
FEES >>

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

PO6000047879

1-850-245-6804
ATTN: DIANE

September 26, 2006

GroundScapes, Inc.
13731 Fareham Road
Odessa, FL 33556

500082112815

Dear Mr. Edward Fernandez:

On August 2, 2006 our office notified you that we had granted a corporate name that was not available.

We also requested that you file an Amendment at no charge to change the name in conflict and enclosed forms for your convenience to do so. We apologized for this inconvenience and trusted that you understood the urgency in completing the amendment and returning it as soon as possible. As of today our records show that we have had no response in this matter.

While we are constantly striving to improve our processing methods to assure that an occurrence such as this can be eliminated, however, with the ever increasing volume of documents received by this office occasionally problems do arise.

Per Florida Statute 607.0302, a corporation can sue to defend in its corporate name. To avoid any further legal action being taken against your corporation we can still file an Amendment to change the name or to dissolve the corporation at no charge. I am again enclosing the forms for your convenience to do so.

If you have any questions, or need additional assistance in checking potential corporate names, please contact me at (850) 245-6924.

Sincerely,

Stacy Prather
Document Specialist Supervisor
New Filing Section

Cc:

David M. Reel, GroundScapes of Florida, Inc.
Roseann Varnadore, Senior Section Administrator
Karon Beyer, Bureau Chief of Commercial Recording

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:

Groundscapes, Inc.

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

P060000478

THIRD: The date dissolution was authorized:

06-01-2007

Effective date of dissolution if applicable:

06-01-2007

(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: _____

(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)

BARBARA M. JENNINGS

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35

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