P0000083524

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	- WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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SECRETARY OF STALE OIVISION OF CORPORATIONS

ANT DISSICUS
WINDTICK

COVER LETTER

TO: Amendment Section

Division of Corporations		
SUBJECT: Dissolution of Florida profit Corp		
DOCUMENT NUMBER: POLOWS 83524		
The enclosed Articles of Dissolution and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Kenneth W Sn.7h (Name of Contact Person)		
Genuine Transport Inc. (Firm/Company)		
^		
5115 Glenwood Hue (Address)		
Jacksonville F1 32205 (City/State and Zip Code)		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
Kerneth W. Sm. H at (904) 608-5492 (Name of Contact Person) (Area Code & Daytime Telephone Number)	<u> </u>	
Enclosed is a check for the following amount:		
\$35 Filing Fee \$\bigsep\square \text{\$43.75 Filing Fee & \$\bigsep\square \text{\$43.75 Filing Fee & \$\bigsep\square \text{\$52.50 Filing Fee, } \\ Certificate of Status & Certificate of Status & Certified Copy (Additional copy is enclosed) (Additional copy is enclosed)		
MAILING ADDRESS: Amendment Section STREET ADDRESS: Amendment Section		
Division of Corporations Division of Corporations Division of Corporations		
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle		
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: SECOND: The document number of the corporation (if known): THIRD: The date dissolution was authorized: Effective date of dissolution if applicable: 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)

(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: Genuine Transport Inc.
Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution.
Description of information that must be included in a claim:
Co. Name, Dos, type Claim, Reason for Claim,
Contact information
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
Genuine Transport Inc.
Clo Kenneth W Smith
5115 Glenwood Ave
Jacksonville FL 37205
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.
2/1,1/
Printed Name of the Person Filing Signature of the Person Filing

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