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PICK-UP	☐ WAIT	MAIL			
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Special Instructions to	Filing Officer:				
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COVER LETTER

TO: Amendment Section

Division of Corporations		
SUBJECT: Dissolution of busi	225	
DOCUMENT NUMBER: B41726 181		
The enclosed Articles of Dissolution and fee	are submitted for filing.	
Please return all correspondence concerning t	his matter to the following:	
giovanni garzon		
(Name of Co	ontact Person)	
gio, inc.	Company)	
(Firm/C	Company)	
841 Park Grove Ct.		
(Add	ress)	
Orlando Florina 52828	151 6 1)	
(City/State	and Zip Code)	
For further information concerning this matte	r, please call:	
grovanni garzon	at (407) 925 4461	
(Name of Contact Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:		
•	\$43.75 Filing Fee & \$\sum \$52.50 Filing Fee, Certified Copy (Additional copy is enclosed) \$\sum \$\$ (Additional copy is enclosed)	
MAILING ADDRESS: Amendment Section	STREET ADDRESS: Amendment Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327	Clifton 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:				
	GOLING				
SECOND:	O-coccue of the				
THIRD:	The date dissolution was authorized: 10.1.09				
	Effective date of dissolution if applicable: 12.20.09 (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				
	GIOVANNI GARZON - SOLE OLINER & SHAREHOLDERZ				
	(voting group)				
	Signature: (By 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)				
	GIOVANDI GARZON				
	(Typed or printed name of person signing)				
	PASSORT				
(Title of person gigming)					

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 C	Corporate Dissolution" is optional and is	not required when filing a voluntary	dissolution.
Name of Corpora	tion: G19, INC.		<u> </u>
	n will be the date the dissolution is filed rticles of Dissolution.	with the Department of State or as	
Description of inf	ormation that must be included in a clain	n:	
SERVICE P	ates		
			
			
Mailing address v	where claims can be sent: (Claims cannot	be sent to the Division of Corporation	ns)
_	841 Perk Grove Ct		
_	841 Perk Group Ct Orlando Fr 32828		
-			_
<u>-</u> -			
	ne above named corporation will be barre er the filing of this notice.	d unless a proceeding to enforce the	claim is commenced
		9 0	lad n
GIOVA	nni Garron	- Osward	19/
	Printed Name of the Person Filing	Signature of the Person	n Filin

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