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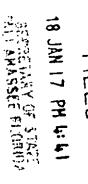
(Requestor's Name)	<u> </u>
(Address)	
(Madress)	
(Address)	1
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of	Status
Special Instructions to Filing Officer:	<u> </u>
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COVER LETTER

Division of Corpora	•
SUBJECT: Notice of Corporate L	Dissolution
DOCUMENT NUMBER: PO	07000067300
The enclosed Articles of Disso	lution and fee are submitted for filing.
Please return all correspondence	ce concerning this matter to the following:
Michele (Mike) Hjorleifsson	
	(Name of Contact Person)
Go4Cast, Inc.	
	(Firm/Company)
5475 NW St James Drive Suite 187	
	(Address)
Port Saint Lucie, FL 349983	
1	(City/State and Zip Code)
For further information concern	ning this matter, please call;
Michele (Mike) Hjorleifsson	772-224-8913 at (
(Name of Contact Pe	
Enclosed is a check for the foll	owing amount:
■ \$35 Fiting Fee □ \$43.75 Fi Certificate	
MAILING ADDRESS: Amendment Section Division of Corporation 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 Go4Cast, Inc.	of State	:	_
SECOND:	The document number of the corporation (if known):			_
THIRD:	The date dissolution was authorized:			_
	Effective date of dissolution if applicable: 12/31/2017		<u>-</u>	_
	(no more than 90 days after dissolution Note: If the date inserted in this block does not meet the applicable statutory filing requirement be listed as the document's effective date on the Department of State's records.			will
FOURTH:	Adoption of Dissolution (CHECK ONE)			
	Dissolution was approved by the shareholders. The number of votes cast was sufficient for approval.	for dis	solut	ion
	Dissolution was approved by the shareholders through voting groups.			
	The following statement must be separately provided for each voting group of to vote separately on the plan to dissolve:	entitlea	!	
	The number of votes cast for dissolution was sufficient for approval by	TERE IN	18 JAN 17	FIL
	(voting group)	2 2	PH	ED.
		S S S S S S S S S S S S S S S S S S S	F: 4-1	_
	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)			_
	Michele (Mike) Hjorleifsson			
	(Typed or printed name of person signing)			
	President / Secretary			_
	(Title of person signing)			

Filing Fee: \$35

Notice of Corporate Dissolution

is notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims ainst this corporation as provided in \$. 607.1407, F.S.
is "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.
ame of Corporation:
ate of dissolution will be the date the dissolution is filed with the Department of State or as ecified in the <i>Articles of Dissolution</i> .
escription of information that must be included in a claim:
voice Number, Date, Vendor Name, Invoice Line Details and Remittance Address
ailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
TEV, LLC.
ttn: Go4Cast Transition.
75 NW St James Dr Suite 187
ort Saint Lucie, FL 34983
claim against the above named corporation will be barred unless a proceeding to enforce the claim is commence thin 4 years after the filing of this notice.
Michele (Mike) Hjorleifsson
Printed Name of the Person Filing Signature of the Person Filing
1

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