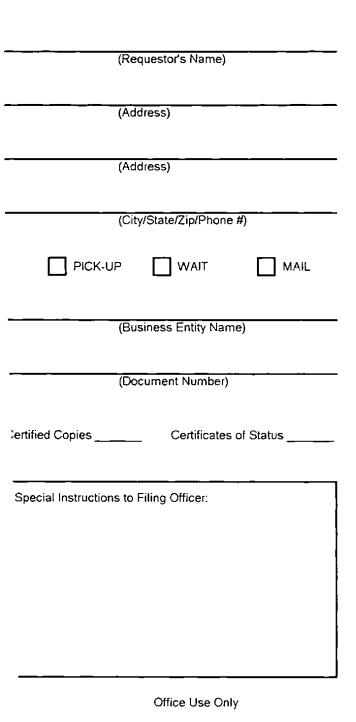
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## **COVER LETTER**

TO: Amendment Section

Division of Corporations

SUBJECT: Dissolution of	Сомрану		-
DOCUMENT NUMBER: Posoo	0063953		_
The enclosed Articles of Dissolution and fe	e are submitted fo	r filing.	
Please return all correspondence concerning	this matter to the	following:	
James Jasper (Name of C	<i>^</i> >		÷0.
(Name of C	Contact Person)		17 17 (17)
Ideal Mappi (Firm	Ing, Inc.		91V1510# 0F CHAT ST
(F. i.t.m	/Company)		22
PO BOX 5764	2		_ P#
(Ad	ldress)		3: 28
Jacksonuil (City/Stat		241	<b></b>
For further information concerning this matt	ter, please call:		
(Name of Contact Person)	at ( <u>904</u> (Area C	859 5909 ode) (Daytime Telephone Nu	ımber)
Enclosed is a check for the following amour	nt:		
\$\times \text{\$\text{\$\text{\$\text{\$\text{235} Filing Fee & }}}}  Certificate of Status	\$43.75 Filing F Certified Copy (Additional copy enclosed)	ce & \$\subseteq\$ \$52.50 Filing Fee, Certificate of Status of Certified Copy (Additional copy is enclosed)	<b>&amp;</b>
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

# 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:	
	Ideal Mapping, Inc.		
SECOND:	The document number of the corporation (if known): Po 80000639	53	
ГНIRD:	The date dissolution was authorized:		
	Effective date of dissolution if applicable:  (no more than 90 days after dissolution less 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.		date will
FOURTH:	Adoption of Dissolution (CHECK ONE)		
	Dissolution was approved by the shareholders. The number of votes cast f was sufficient for approval.	or disso	lution
	☐ Dissolution was approved by the shareholders through voting groups.	17	31V16
	The following statement must be separately provided for each voting group er to vote separately on the plan to dissolve:	ntitleEC 22	SION OF
	The number of votes cast for dissolution was sufficient for approval by	PH 3: 21	CORPORAL
	(voting group)		<u>o</u> m
	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)		<del></del>
	(Typed or printed name of person signing)		
	(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 dissolu-	ition.	
Name of Corporation: Ideal Magning, Inc.		<del></del>
Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the <i>Articles of Dissolution</i> .		
Description of information that must be included in a claim:		
include project type (3) and date (3) ef completion.	17 DEC 2	TO ROUSIAND
	2	: 2 Y
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		<del></del>
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)  Po Box 57642  Jucieson ville Fl 32241		
A claim against the above named corporation will be barred unless a proceeding to enforce the claim within 4 years after the filing of this notice.	is comp	nenced
James Jaspers  Printed Name of the Person Filing  Signature of the Person Filing	ā 	