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SECRETARY OF STATE

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AR/Dissolition

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Dissolution of Grave Berkett, Inc
DOCUMENT NUMBER: <u>Po 8000109207</u>
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Grace Birkett (Name of Contact Person)
· · · · · · · · · · · · · · · · · · ·
Grace Birkett, Inc. (Firm/Company)
920s Grand Blanc Dr. (Address)
Geminole Fl. 33777 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
Grace Birkett at (227 - 1399-0943
(Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee
Mailing Address: Street Address:
Amendment Section Amendment Section

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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:
	Grace Birkett, Inc.
SECOND:	The document number of the corporation (if known): POSOO109207
THIRD:	The date dissolution was authorized: December 31, 2020
	Effective date of dissolution <u>if applicable:</u> (no more than 90 days after dissolution file date) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
FOURTH:	Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation. Add. Honer.
	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) (Typed or printed name of person signing)
	Sole Owner (Title of person signing)

Filing Fee: \$35