

PO9000051421

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

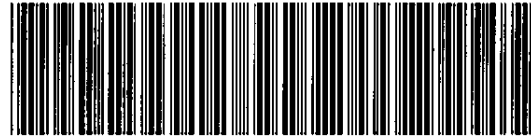
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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10/12/10--01026--005 **43.75

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
10 OCT 12 PM 2:58

Art Diss/cc
w/notice
10.13.10
10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of Corporation

DOCUMENT NUMBER: P09000051421

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jason Gelinas

(Name of Contact Person)

The Law Office of Jason Gelinas, P.A.

(Firm/Company)

3000 W. Cypress Creek Road

(Address)

Fort Lauderdale, Florida 33309

(City/State and Zip Code)

For further information concerning this matter, please call:

Jason Gelinas

(Name of Contact Person)

at (954) 979-0980

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☒ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

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 607.1401, 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:

The Law Office of Jason Gelinas, P.A.

SECOND: The document number of the corporation (if known): P09000051421

THIRD: The file date of the articles of incorporation: 6/12/09

FOURTH: (CHECK AT LEAST ONE BOX)

☐ None of the corporation's shares have been issued.

☒ The corporation has not commenced business.

FIFTH: No debt of the corporation remains unpaid.

SIXTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.

SEVENTH: Adoption of Dissolution (CHECK ONE)

☒ A majority of the incorporators authorized the dissolution.

☐ A majority of the directors authorized the dissolution.

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.)

Jason Gelinas

(Typed or printed name of person signing)

President

(Title of Person Signing)

Filing Fee: \$35

FILED STATE
SECRETARY OF FLORIDA
TALLAHASSEE, FLORIDA
10 OCT 12 PM 2:58

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: The Law Office of Jason Gelinas, P.A.

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:

The Law Office will cease to conduct business in the practice of law effective
October 9, 2010. The Law Office of Bethany Valliere will now be counsel of
record for the insureds of Aequicap Insurance Co. (same address/telephone).

Vendors that provided legal support service should submit bills for payment directly to Aequicap Insurance Co.
at 3000 W. Cypress Creek Rd., Ft. Lauderdale, FL 33309 - include claim number, case name, and date of service.

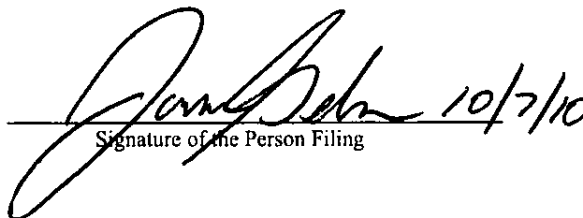
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

For payment of claims by the The Law Office of Jason
Gelinas, P.A. : P.O. Box 220834
Hollywood, Florida 33022 - please submit copy to Aequicap.

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.

Jason Gelinas

Printed Name of the Person Filing

 10/7/10

Signature of the Person Filing

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