110000024725

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	; #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

Division of Corporations	į:
SUBJECT: DISSOLUTION OF	- GLOBAL PRORITY CONSULTING ORPORATION
DOCUMENT NUMBER: P) 00000	24725
The enclosed Articles of Dissolution and fee are submit	ted for filing.
Please return all correspondence concerning this matter t	o the following:
VIVIAN T. C. (Name of Contact Person	
GLOBAL ARAO (Firm/Company)	RITY TONSVITAGE CORPORATA
8701 VIA F	ANCHO ROAD
BOCA RA-	TON FL 33433
(City/State and Zip Co	,
For further information concerning this matter, please ca	.11:
(Name of Contact Person) at (A	rea Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
\$35 Filing Fee \$43.75 Filing Fee & \$43.75 Filing Fee & Certified C (Additiona enclosed)	Copy Certificate of Status & l copy is Certified Copy
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:
	GLOBAL PROPRITY CONSULTING COCPORATION
SECOND:	The document number of the corporation (if known): P1000024725
THIRD:	The date dissolution was authorized: 92412
	Effective date of dissolution if applicable: (no more than 00 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
	(voting group)
	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)
	FRESIDENT (Title of person signing)
	(LIGO OLDOSON 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 dissolution. Name of Corporation: 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: ALL DETAILS RELATED TO THE CLAIM FICED Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 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.

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