

PI2000031602

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

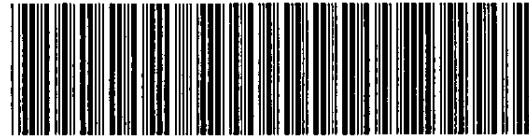
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200237824002

07/27/12--01035--007 **35.00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
12 JUL 27 PM 12:34

7/30/12 RW
V/D w/notice

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DISSOLUTION OF
GOLD RECOVERY SCIENCES
INC

DOCUMENT NUMBER: P12000031602

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

Please return all correspondence concerning this matter to the following:

LAWRENCE CORTIN

(Name of Contact Person)

GOLD RECOVERY SCIENCES INC

(Firm/Company)

1731 AVALON AVE

(Address)

FT PIERCE FL 34949

(City/State and Zip Code)

For further information concerning this matter, please call:

L. CORTIN

(Name of Contact Person)

at (772) 631-6455

(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 607.1403, 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:

GOLD RECOVER SCIENCES INC

SECOND: The document number of the corporation (if known): FL2003031602

THIRD: The date dissolution was authorized: 6-1-12

Effective date of dissolution if applicable: 2-25-12
(no more than 90 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)

LAWRENCE CURTIN

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
12 JUL 27 PM 12:34

Filing Fee: \$35

Notice of Corporate Dissolution

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
12 JUL 27 PM 12:34

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: GOLD RECOVERY SERVICES, INC.

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:

THERE ARE NO BILL RECS
OR CLAIMS THE CORPORATION
HAD NO BANK ACCOUNT
NOR HAD ANY BUSINESS BEEN
BEGUN

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

1731 AVALON AVE
FT PIERCE FL 34949

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.

LANEENCE CURTIN

Printed Name of the Person Filing

[Signature]

Signature of the Person Filing