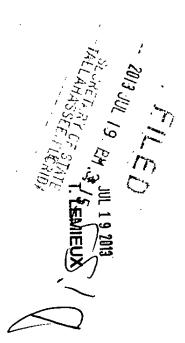
## P12000060398

(Re	equestor's Name)			
(Address)				
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
		1		

Office Use Only



500249246365





ON SERVICE COMPANY					
ACCOUNT NO. : 12000000195					
REFERENCE : 706317 7890420					
AUTHORIZATION: Spelle man					
COST LIMIT : \$ 35.00					
ORDER DATE : 07-19-13					
ORDER TIME : 12:28 PM					
ORDER NO. : 706317-011					
CUSTOMER NO: 7890420					
DOMESTIC FILINGS					
NAME: SHARON D. SCOTT PA					
XX ARTICLES OF DISSOLUTION					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:					
CERTIFIED COPY  XX PLAIN STAMPED COPY  CERTIFICATE OF GOOD STANDING					
CONTACT PERSON: Carina L. Dunlap - EXT# 52951					
FYAMINED/C INTUINIC.					

## 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:  SHARON D. SCOTT PA
SECOND:	The document number of the corporation (if known):
THIRD:	The file date of the articles of incorporation: 07-09-2012
FOURTH:	The file date of the articles of incorporation:  (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.
Sign	ature: Dhan D. Dear
	(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.)
	Sharon D. Scott
	(Typed or printed name of person signing)
	Director
	(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 dissolution.

Name of Corporation:	COV D. GCC1117A	
Date of dissolution will be the specified in the Articles of D	ne date the dissolution is filed with the Depar	tment of State or as
Description of information th	hat must be included in a claim:	
_		
Mailing address where claim	s can be sent: (Claims cannot be sent to the I	Division of Corporations)
···		
	Sharun D. Scott	
-	9 I sland Ane	FAIY
	man: Beach	FL 33139
<del></del>		
A claim against the above na within 4 years after the filing	med corporation will be barred unless a proc of this notice.	eeding to enforce the claim is commenced
•		
Sharon D. Scott		Dhas do
Printed Nam	e of the Person Filing	Signature of the Person Filing

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