

P12000074969

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : GUNSTER, YOAKLEY & STEWART, P.A.
Account Number : 076117000420
Phone : (561)650-0728
Fax Number : (561)671-2527

**DISSOLUTION OR WITHDRAWAL
HOURS GP, INC.**

Certificate of Status	0
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DIVISION OF CORPORATIONS

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**ARTICLES OF DISSOLUTION
OF
HOURS GP, INC.
(A Florida Profit Corporation)**

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation, submits the following Articles of Dissolution:

1. The name of this Florida corporation is: Hours GP, Inc. (the "Corporation").
2. The document number of the Corporation is P12000074969.
3. The dissolution was approved as of September 5th, 2024. The effective date of dissolution is the date of filing of these Articles of Dissolution with the Florida Department of State.
4. Dissolution was recommended by the members of the board of directors of the Corporation and approved by the holder of all of the issued and outstanding capital stock of the Corporation. The number of votes cast for dissolution was sufficient for approval.

DATED: As of September 5th, 2024

HOURS GP, INC.

Seth J. Mersky

By: _____

Name: **SETH J. MERSKY**

Title: President

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NOTICE OF CORPORATE DISSOLUTION

This Notice of Corporate Dissolution is submitted by the dissolving corporation named below for resolution of payment of unknown claims against this corporation as provided in Section 607.1407, Florida Statutes.

Name of Corporation: HOURS GP, INC.

Document Number of Corporation: P12000074969

Date of Dissolution: The date the Articles of Dissolution is filed with the Department of State.

Description of Information that must be included in a written claim: The information that must be included in a claim submitted pursuant to this Notice shall be as follows:

- (a) Name, address and telephone number of claimant.
- (b) Amount of claim, including, if applicable, principal, interest, penalties or other fees or charges.
- (c) A statement of the basis for the claim.
- (d) A copy of any and all writings evidencing the claim or upon which the claim is based.
- (e) A statement of whether or not the claimant has other claims against the corporation or its directors, officers, agents or representatives, in their capacities as such, and, if the claimant states that the claimant has other claims, a statement of whether or not such other claims are being submitted pursuant to this Notice, or if such other claims will not be so submitted, a statement as to the reason why.

Mailing address where claims can be sent: A claim submitted pursuant to this Notice shall be mailed by certified or registered mail, return receipt requested, postage prepaid, to the following party: Hours GP, Inc., c/o Seth Mersky, 600 Brickell Avenue, Suite 3500, Miami, FL 33131.

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.

HOURS GP, INC.

Seth J. Mersky

By: _____

Name: **SETH J. MERSKY**

Title: President

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