713000045229

(Requestor's Name)
(Address)
(Address)
(11441055)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Sasinoso Entry Hamo)
(Document Number)
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

FFR 1 4 2014 C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Dissolution of	G-Med Transport, Inc.
DOCUMENT NUMBER: <u>\$130000</u>	45229
The enclosed Articles of Dissolution and fee	are submitted for filing.
Please return all correspondence concerning th	nis matter to the following:
Evelyn Davis Gold (Name of Co	en
(Name of Co	ntact Person)
G-Med Transport	Expression (Company)
12319 Gilmenton M	
Riverview, FL 335 (City/State)	
(City/State	and Zip Code)
For further information concerning this matter	r, please call:
Fullyn Davis Golden (Name of Contact Person)	_ at (<u>813</u>) <u>741-1098</u>
Enclosed is a check for the following amount:	:
Certificate of Status	\$43.75 Filing Fee & S52.50 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 s	THILD IZ MITOUD		
FIRST:	SECRETARY OF STATE The name of the corporation as currently filed with the Florida Department of State A		
	G-Med Transport, Inc		
SECOND:	The document number of the corporation (if known): P1300045229		
THIRD:	The date dissolution was authorized: January 28, 2019		
	Effective date of dissolution if applicable: Dote of Filing 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)		
S	ignature: Dung Golden, President (By a director, president or other officer - if directors or officers have not been selected, by an incorporator - it in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)		
	Evelyn Davis Golden (Typed or printed name of person signing)		
	President		
(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: G-Med Transports. 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:		
1) Copy of document to support claim 2) Nature of Claim 3) Date obligation in curred. Avant Vincipal Party to claim		
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations PSECRE AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	14 FEB 12 AM 8:57	

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filling of this notice.

Fruited Name of the Person Films Evelyn Dayer Holden
Signafure of the Person Films

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