## P13000083239

|   | (Requestor's Name)       |  |
|---|--------------------------|--|
| <u></u>                                 | (Address)                |  |
|   | (Address)                |  |
|   | (City/State/Zip/Phone #) |  |
| PICK-UF                                 | P WAIT MAIL              |  |
|   | (Business Entity Name)   |  |
| (Document Number)                       |                          |  |
| Certified Copies                        | Certificates of Status   |  |
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## **COVER LETTER**

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| Division of Corporations  |   |
|---|---|
| SUBJECT: DISSOLUTION  |   |
| DOCUMENT NUMBER: P13000083239   |   |
| The enclosed Articles of Dissolution and  | fee are submitted for filing.   |
| Please return all correspondence concerning   | ng this matter to the following:  |
| JEFFREY GOLBOIS, CPA  |   |
| (Name of  | Contact Person)   |
| PASTOR & GOLBOIS CPAs PA  |   |
| (Fir  | m/Company)  |
| 5300 W. ATLANTIC AVE STE 305  |   |
| (/  | Address)  |
| DELRAY BEACH, FL 33484  |   |
| (City/St  | ate and Zip Code)   |
| For further information concerning this ma  | atter, please call:   |
| BRADLEY FREUNDLICH  | at ( 305-929-3717   |
| (Name of Contact Person)  | (Area Code) (Daytime Telephone Number)  |
| Enclosed is a check for the following amo   | unt:  |
| \$35 Filing Fee \$43.75 Filing Fee & Certificate of Status                                      | □ \$43.75 Filing Fee & □ \$52.50 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

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ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution: The name of the corporation as currently filed with the Florida Department of State: FIRST: APPS 4 GAPPS INC The document number of the corporation (if known): SECOND: The date dissolution was authorized: \_\_\_\_\_ THIRD: Effective date of dissolution if applicable: (no more than 90 days after dissolution file date) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. 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 Eyal Gold Stein & Bud Freundluch Man SF, erra 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) BRADLEY FREUNDLICH (Typed or printed name of person signing)

(Title of person signing)

VICE-PRESIDENT