

P14000045001

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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15 JAN -2 4:10:59
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

JAN 07 2015

C. CARROTTE

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:
GARY MASON FOLMER PA

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

THIRD: The file date of the articles of incorporation: **05-20-2014**

FOURTH: (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.

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.)

GARY MASON FOLMER

(Typed or printed name of person signing)

C E O

(Title of Person Signing)

Filing Fee: \$35

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Request for dissolution of Corporation

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

GARY MASON FOLMER

(Name of Contact Person)

GARY MASON FOLMER PA

(Firm/Company)

129 WHITE BIRCH DRIVE

(Address)

KISSIMMEE, FL 34743-8619

(City/State and Zip Code)

For further information concerning this matter, please call:

GARY MASON FOLMER at **(407) 361-5397**

(Name of Contact Person)

(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

FILED
15 JAN -2 AM 10:59
TALLAHASSEE, FLORIDA
SECRETARY OF STATE