# P1600044254

(	Requestor's Name)	_			
(Address)					
(Address)					
(	(City/State/Zip/Phone #)	_			
PICK-UP	WAIT MAIL				
(Business Entity Name)					
(	(Document Number)	_			
Certified Copies	Certificates of Status	_			
Special Instructions to Filing Officer:					

Office Use Only



12/19/18--01003--010 ••35.00



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# **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

RESEARCH PARK INVESTMENTS, INC.					
DOCUMENT NUMBER: _	P16000044254	<del>_</del>			
The enclosed Articles of Disse	olution and fee are submitted for filing.				
Please return all corresponden	ce concerning this matter to the following:				
	EARL M. BARKER, JR.				
	(Name of Contact Person)				
	EARL M. BARKER, JR., P.A.				
	(Firm/Company)				
5000 SAWGRASS VILLAGE CIRCLE, SUITE 5					
	(Address)				
	PONTE VEDRA BEACH, FLORIDA 32082	; - -			
	(City/State and Zip Code)	´			
For further information concer	ming this matter, please call:	· · · · · · · · · · · · · · · · · · ·			
EARL M. BARKER, JR.	at ( 904) 667-3200 X, 200				
(Name of Contact P	ferson) (Area Code) (Daytime Telephone	Number)			
Enclosed is a check for the fol	lowing amount:				
	Tiling Fee & \$\Bigsigmu\$ \$\\$43.75 Filing Fee & \$\Bigsigmu\$ \$\\$52.50 Filing Fee & Certificate of State (Additional copy is enclosed) \$\Bigsigmu\$ (Additional copy is enclosed)	us &			
MAILING ADDRESS: Amendment Section Division of Corporation P.O. Box 6327	STREET ADDRESS: Amendment Section Division of Corporations Clifton Building				

2661 Executive Center Circle

Tallahassee, FL 32301

# ARTICLES OF DISSOLUTION

Pursuant to section 607.1403. 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: RESEARCH PARK INVESTMENTS, INC.					
SECOND:	The document number of the corporation (if known):	P16000044254				
THIRD:	The date dissolution was authorized:					
		han 90 days after dissolution file date)	——			
	Note: If the date inserted in this block does not meet the applicable not be listed as the document's effective date on the Department of		ate wiii			
FOURTH:	Adoption of Dissolution (CHECK ONE)  Dissolution was approved by the shareholders. The	number of votes east for discal	lution			
	was sufficient for approval.	number of votes east for this sor	ution			
	☐ Dissolution was approved by the shareholders throu	igh voting groups.	c			
	The following statement must be separately provided for to vote separately on the plan to dissolve:	r each voting group entitled				
	The number of votes cast for dissolution was sufficient		1 15 m			
	(valing group)		<del></del>			
	Signature: Signature: (By a director, president or other officer - if directors or officers an incorporator - if in the hands of a receiver, trustee, or other eathat fiduciary)					
	DANIEL B. WEBB					
	(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:	RESEARCH PARK IN	NVESTMENTS, INC.		
Date of dissolution will be the specified in the Articles of Di.		d with the Department	of State or as	
Description of information that	at must be included in a cla	iin:		
The amount and a reasonable de	scription of the claim, accomp	panied by any document (	or documents upon which	the claim
is based or that support its amou	int.			
Mailing address where claims	can be sent: (Claims canno	ot be sent to the Division	on of Corporations)	
3600 Vincland Road				
Suite 101				
Orlando, Florida 32811				
A claim against the above narwithin 4 years after the filing		red unless a proceeding	g to enforce the claim is	commenced
DANIEL B. WEBE	3	Danie	1 B Wil	_
Printed Name	of the Person Filing	Si	gnature of the Person Filing	