

P1700001730

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

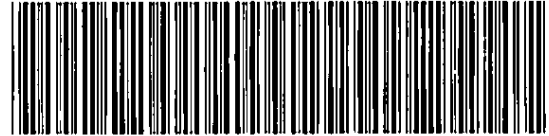
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200312614882

FILED
18 MAY -1 AM 10:55

FILED
2018 MAY -1 AM 9:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. GOLDEN

MAY -2 2018

file first

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 187949 7144592

AUTHORIZATION :



COST LIMIT : \$35.00

ORDER DATE : May 1, 2018

ORDER TIME : 9:03 AM

ORDER NO. : 187949-005

CUSTOMER NO: 7144592

DOMESTIC FILINGS

NAME: SCIOINSPIRE, CORP

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Croft - EXT# 62925

EXAMINER'S INITIALS: _____

ARTICLES OF DISSOLUTION

FILED

2018 MAY -1 AM 9:41

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FIRST: The name of the corporation as currently filed with the Florida Department of State:

SCIONSPIRE, CORP

SECOND: The document number of the corporation (if known): P017000007730

THIRD: The file date of the articles of incorporation: January 23, 2017

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.)

Blaise J. Guzewicz

(Typed or printed name of person signing)

Incorporator

(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: SCIOINSPIRE.CORP

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. Name, address and telephone number of Claimant

2. Date and description of event giving rise to Claim

3. Amount of Claim

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Jacob M. Kallupurackal

12276 San Jose Boulevard

Jacksonville, FL 32223

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.

Blaise J. Guzewicz, Incorporator

Printed Name of the Person Filing

Blaise J. Guzewicz
Signature of the Person Filing

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