P93000009903

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

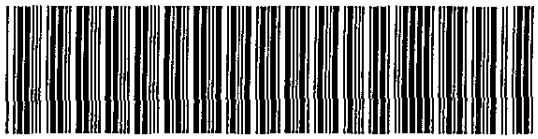
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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09/20/04--01009--001 **35.00

FILED
04 SEP 17 AM 11:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9/28/04
Diss. w. notice

WRIGHT, FULFORD, MOORHEAD & BROWN, P.A.
ATTORNEYS

145 NORTH MAGNOLIA AVENUE
POST OFFICE BOX 2828
ORLANDO, FLORIDA 32802-2828
(407) 425-0234
(407) 425-0260 (FACSIMILE)
WWW.WFMBLAW.COM

Lana Larson Dean, Esquire **ldean@wfmblaw.com**

September 13, 2004

CERTIFIED MAIL
RETURN RECEIPT REQUESTED
#7003 0500 0005 3200 9350

DIVISION OF CORPORATIONS
PO BOX 6327
TALLAHASSEE, FL 32314

RE: Articles of Dissolution for Geotechnical Professional Associates, Inc.

Dear Clerk:

Enclosed please find the following items:

1. Transmittal letter
2. Firm check
3. Articles of Dissolution
4. Notice of Corporate Dissolution

Thank you for your attention to this matter.

Best Regards,

Lana Larson Dean

LLD/ps
enclosure
cc: Ms. Shelly Gisclar

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Geotechnical Professional Associates, Inc.

DOCUMENT NUMBER: P93000009903

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

Please return all correspondence concerning this matter to the following:

Shelley B. Gisclar, P.E.
(Name of Person)

Geotechnical Professional Associates, Inc.
(Name of Firm/Company)

5780 Hoffner Ave. Suite 403
(Address)

Orlando, Florida, 32822
(City/State/and Zip Code)

For further information concerning this matter, please call:

Shelley B. Gisclar at (407) 304-5560
(Name of 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, Florida 32314

STREET ADDRESS:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

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 Department of State:

Geotechnical Professional Associates, Inc.

SECOND: The document number of the corporation (if known): P93000009903

THIRD: The date dissolution was authorized: August 2, 2004

Effective date of dissolution if applicable: date of filing dissolution
(no more than 90 days after 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 of 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

Shelley B. Gisclar, sole owner
(voting group)

Signed this 10th day of September, 2004.

FILED
04 SEP 17 AM 11:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Signature:
(By a director, president or other officer - if directors or officers have not been selected, by an i ncorporator if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

Shelley B. Gisclar
(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: Geotechnical Professional Associates, 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:

Copy of contract with signature of an officer of the Corportation.

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

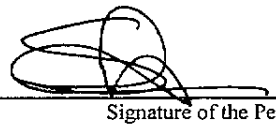
GPA

Post Office Box 2057

Goldenrod, Florida 32733

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.

Shelley B. Gisclar
Printed Name of the Person Filing


Signature of the Person Filing

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