(Requestor	s Name)
(Address)	
(Address)	
(City/State/2	Zip/Phone #)
PICK-UP V	VAIT MAIL
(Business E	Intity Name)
(Document	Number)
Certified Copies Ce	ertificates of Status
,	_
Constant of the Fill of	
Special Instructions to Filing Of	ncer:
	1 1
	1 1



y 35-08



800123860358

04/21/08--01031--013 **43.75

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Dissolution of G2 Resources, Inc. DOCUMENT NUMBER: P94000076332
DOCUMENT NUMBER: <u>P94000076332</u>
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Christopher Stahl (Name of Contact Person)
(Firm/Company)
46169 Westake DRIVE #120
(Firm/Company) 46169 Westlake DRIVE #120 (Address) (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (703) 433 - 5460 x /// (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
S35 Filing Fee \$\sum \\$43.75 Filing Fee \$\sum \\$52.50 Filing Fee, Certificate of Status Certified Copy (Additional copy is enclosed) \$\sum \\$35 Filing Fee \$\sum \\$52.50 Filing Fee, Certificate of Status \$\sum \\$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

Pursuant to section 617.1401, Florida Statutes, this Florida not for profit corporation submits the following Articles of Dissolution:

FIRST:	The name of the corporation as currently filed with the Florida Department of State:
	Ga Resources, Inc.
SECOND:	The document number of the corporation (if known): 19400076332
THIRD:	The file date of the articles of incorporation:
FOURTH	The corporation has not commenced to conduct its affairs.
FIFTH:	No debts of the corporation remains unpaid.
SIXTH:	The corporation has not commenced to conduct its affairs. No debts of the corporation remains unpaid. Adoption of Dissolution (CHECK ONE) (Note: Cannot be authorized by an incorporator if the corporation has directors) The dissolution was authorized by a majority of the directors: OR
	The dissolution was authorized by a majority of the directors: OR
	☐ The dissolution was authorized by an incorporator.
	☐ The dissolution was authorized by a majority of the incorporators.
Signa	(By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)
	(Typed or printed name of person signing)
	(1 yped or printed name of person signing)
	(Title of person signing)

Filing Fee: \$35