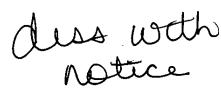
# P96000030017

| (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: |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |

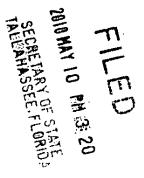
Office Use Only



200180531972



05/10/10--01052--007 \*\*35.00



5/3/12

#### **COVER LETTER**

TO: Amendment Section

| Division of Corporations  |  |  |  |  |  |
|---|--|--|--|--|--|
| SUBJECT: QUALITY CONCINET   | E GENERAL CONTUACION INC   |  |  |  |  |
| $\omega$  |  |  |  |  |  |
| DOCUMENT NUMBER:  | P96000030017   |  |  |  |  |
| The enclosed Articles of Dissolution and fe   | e are submitted for filing.  |  |  |  |  |
| Please return all correspondence concerning   | this matter to the following:  |  |  |  |  |
| DAVID St. (Name of C  | AWYEN  |  |  |  |  |
| (Name of C  | Contact Person)  |  |  |  |  |
| Quanty Concluse Gong  | Company)  = Industria Blue.  Idress)   |  |  |  |  |
| / (Firm   | /Company)  |  |  |  |  |
| 2910 KAY TRE  | = Industria Bluo.  |  |  |  |  |
| (Ad   | ldress)  |  |  |  |  |
|   |  |  |  |  |  |
| BUFORD GA 30518 (City/State and Zip Code)   |  |  |  |  |  |
| For further information concerning this matter  | ter, please call:  |  |  |  |  |
| DAVIO SAWIGE  | at (50) 710-2376  (Area Code & Daytime Telephone Number)   |  |  |  |  |
| (Name of Contact Person)  | (Area Code & Daytime Telephone Number)   |  |  |  |  |
| Enclosed is a check for the following amount  | nt:  |  |  |  |  |
| \$35 Filing Fee \$\Bigcup\$43.75 Filing Fee & Certificate of Status                             | S43.75 Filing Fee & S52.50 Filing Fee, Certified Copy (Additional copy is enclosed)  S52.50 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

### ARTICLES OF DISSOLUTION

2810 MAY 10 MM 3 20

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:   |  |  |  |  |  |
|---------------------------|--|--|--|--|--|--|
|                           | QUALY COMMUNE GENERAL CONTRACTOR INC   |  |  |  |  |  |
| SECOND:                   | The document number of the corporation (if known): P 960000 30017  |  |  |  |  |  |
| THIRD:                    | The file date of the articles of incorporation: 4196   |  |  |  |  |  |
| 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.  |  |  |  |  |  |
|                           |  |  |  |  |  |  |
|                           |  |  |  |  |  |  |
| Sign                      | ature:   |  |  |  |  |  |
| _                         | (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.) |  |  |  |  |  |
|                           | DAVID SAWJER   |  |  |  |  |  |
|                           | (Typed or printed name of person signing)  |  |  |  |  |  |
|                           | hts  |  |  |  |  |  |
| (Title of Person Signing) |  |  |  |  |  |  |

Filing Fee: \$35

## Notice of Corporate Dissolution

| This notice is submitted against this corporation          |                           |                                       |  | olution of payment of unknown claims     |
|--|---------------------------|---------------------------------------|--|--|
| This "Notice of Corpor                                     | ate Disso                 | <i>lution</i> " is optional and       | is not required who                    | en filing a voluntary dissolution.       |
| Name of Corporation:_                                      | Q                         | HUTY CHIRETZ                          | GENERAL                                | CONTRACTOR FAC.                          |
| Date of dissolution will specified in the <i>Article</i> . | l be the da<br>s of Disso | ite the dissolution is fil            | ed with the Departi                    | ment of State or as                      |
| Description of informa                                     | tion that n               | nust be included in a cl              | aim:                                   |  |
|  |                           | Business                              | our of a                               | SORK                                     |
|  |                           |                                       |  |  |
|  |                           |                                       |  |  |
|  | ·                         | · · · · · · · · · · · · · · · · · · · | . <u></u>                              |  |
|  |                           | <del></del> , , <u></u> _             |  | · · · · · · · · · · · · · · · · · · ·    |
| Mailing address where                                      | claims ca                 | n be sent: (Claims can                | not be sent to the D                   | vivision of Corporations)                |
|  |                           | ·                                     |  | •  |
| <del></del>  |                           | 29/0                                  | PEACHT                                 | REE INDUSTRIAL BLUE 30518                |
|  |                           | 1201                                  | FORD, OTA                              | 30578                                    |
| <del></del> -  |                           | <u> </u>                              |  |  |
| <del></del>  |                           |                                       | ······································ |  |
| A claim against the about within 4 years after the         |                           |                                       | arred unless a proce                   | eeding to enforce the claim is commenced |
|  | aina (                    | Saleya                                |  |  |
| Printe   | ed Name of                | the Person Filing                     |  | Signature of the Person Filing           |

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