

P96000060784

**MASHANTUCKET PEQUOT TRIBAL NATION
-PEQUOT PHARMACEUTICAL NETWORK**

One Annie George Drive
Building #3
P.O. Box 3559
Mashantucket, CT 06339-3559

C. MANZI

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

1/27 diss

Office Use Only



500027609115

01/27/04--01037--008 **25.00

05/04/04--01062--013 **35.00

S/ 4/04
Diss / not. e
FILED
04 MAY -4 AM 10:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

February 4, 2004

C. Manzi

Mashantucket Pequot Tribal Nation

P.O. Box 3559

Mashantucket, CT 06339-3559

8 Barrett Drive

Niantic CT 06357

SUBJECT: CRIMSON CONSULTING PARTNERS, INC.

Ref. Number: P96000060784

We have received your document for CRIMSON CONSULTING PARTNERS, INC. and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The subject corporation was administratively dissolved on September 22, 2000, for failure to file its 2000 annual report/uniform business report.

To voluntarily dissolve this corporation, Articles of Dissolution must be filed pursuant to chapter 607 or 617, Florida Statutes. Enclosed are forms.

In error you submitted dissolution forms for a limited liability company instead of dissolution forms for a corporation. Also as the fee to voluntarily dissolve a corporation is \$35 opposed to \$25, an additional \$10 is required if the dissolution is returned for filing.

Please return a copy of this letter along with your document to ensure proper handling.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6901.

Susan Payne
Senior Section Administrator

Letter Number: 804A00007518

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Crimson Consulting Partners Inc

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

Christopher Manzi
(Name of Person)

(Name of Firm/Company)

8 Barrett Drive
(Address)

Niantic CT 06357
(City/State/and Zip Code)

For further information concerning this matter, please call:

Christopher Manzi at (860) 739 3493
(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:

Crimson Consulting Partners, Inc.

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

THIRD: The date dissolution was authorized: 12/31/1998

Effective date of dissolution if applicable: 12/31/1998
(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

Shareholders

(voting group)

Signed this 28 day of April, 2004

Signature: [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)

Christopher J. Manzi

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35

FILED
MAY -4 AM 10:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Crimson Consulting Partners, 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:

Business Operations (Leased)

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

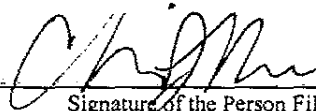
8 Barrett Drive

Niantic CT 06357

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.

Christopher J. Manzi

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