

P98000028245

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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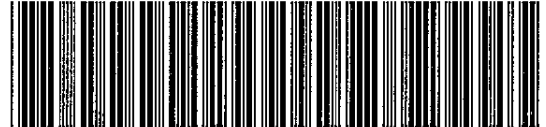
(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

diss.

C. Conditio DEC 07 2004



CORPORATION SERVICE COMPANY*

ACCOUNT NO. : 072100000032
REFERENCE : 066405 7287317
AUTHORIZATION : *Patricia Pigato*
COST LIMIT : \$ 35.00

ORDER DATE : December 7, 2004
ORDER TIME : 12:42 PM
ORDER NO. : 066405-010
CUSTOMER NO: 7287317
CUSTOMER: Ms. Amy Crisp
Corban Onesource, LLC
Suite 200
235 3rd Street South,
Saint Petersburg, FL 33701

DOMESTIC FILINGS

NAME: ECHELON GATEWAY, INC.

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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

CONTACT PERSON: Susie Knight - EXT# 2956
EXAMINER'S INITIALS: _____

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:

Echelon Gateway, Inc.

SECOND: The document number of the corporation (if known): P98000028245

THIRD: The date dissolution was authorized: December 1, 2004

Effective date of dissolution if applicable: _____
(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

(voting group)

Signed this 6th day of December, 2004.

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)

Susan G. Johnson
(Typed or printed name of person signing)

Executive Vice President
(Title of person signing)

Filing Fee: \$35

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