(Re	equestor's Name)	
(Ad	ldress)	
(Ad	Idress)	
(Cit	ty/State/Zip/Phone	; #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Document Number)		
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R. WHITE

APR 0 5 2018

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

SUBJECT: Dissolution of Jamison Consulting, Inc.			
DOCUMENT NU	P99000079455		
The enclosed Arti	cles of Dissolution and	fee are submitted for filir	ng.
Please return all co	orrespondence concernir	ng this matter to the follow	wing:
Laura Jamison (Diehl)		
	(Name of	Contact Person)	
Jamison Consulting, I	inc.		
	(Fir	m/Company)	
711 S. Rome Ave.			
	(A	Address)	
Tampa, FL 33606			
	(City/St	ate and Zip Code)	
For further inform	ation concerning this ma	atter, please call:	
Laura Jamison		at (⁸¹³⁻²⁴⁰⁻⁴¹⁷²	
(Name o	of Contact Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a chec	k for the following amo	unt:	
□ \$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)
Amendmen	f Corporations	Ame Divi	EET ADDRESS: endment Section sion of Corporations on Building

2661 Executive Center Circle

Tallahassee, FL 32301

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 Florida Department of State: Jamison Consulting, Inc.				
SECOND:	The document number of the corporation (if known):				
THIRD:	The date dissolution was authorized: April 1, 2018				
	Effective date of dissolution <u>if applicable:</u> (no more than 90 days after dissolution file date) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will				
	not be listed as the document's effective date on the Department of State's records.				
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 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 Jamison Consulting, Inc.				
	Jamison Consulting, Inc.				
	(voting group)				
	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)				
	Laura Jamison				
	(Typed or printed name of person signing)				
	President/CEO				
	(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:_____Jamison Consulting, 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: I have moved to Ohio and accepted a full time position which requires dissolution of my business. Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 38083 Euclid Ave., #2 Willoughby, OH 44094 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. Laura Jamison Printed Name of the Person Filing

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