

P99000082743

Division of Corporations

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Florida Department of State

Division of Corporations

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To:

Division of Corporations  
Fax Number : (850)205-0380

From:

Account Name : BUSINESS CHOICE, INC.  
Account Number : I20010000004  
Phone : (954)782-1829  
Fax Number : (954)782-1899

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DIVISION OF CORPORATIONS

DISSOLUTION

GEMINI PROFESSIONAL SERVICES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

05 JAN -3 PM 3:03

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VODS notice  
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**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** DISSOLUTION

**DOCUMENT NUMBER:** P99000082748

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

Please return all correspondence concerning this matter to the following:

WILLIAM G. CASTRO  
(Name of Person)

GEMINI PROFESSIONAL SERVICES, INC.  
(Name of Firm/Company)

4667 SW CHEROKEE ST.  
(Address)

PALM CITY FL 34990  
(City/State/and Zip Code)

For further information concerning this matter, please call:

ROSE ARRUDA at ( 954 ) 782-1829  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(Additional copy is<br>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

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*Business Choice, Inc.*

4701 N. Federal Hwy. #45-C9 - Lighthouse Point FL 33064  
Pho (954) 782-1829 - Fax (954) 782-1899 - bcpessa@bcpma4.com

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**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:

GEMINI PROFESSIONAL SERVICES, INC.

SECOND: The document number of the corporation (if known): P99000082743

THIRD: The date dissolution was authorized: DEC/31/2004

Effective date of dissolution if applicable: DEC/31/2004  
(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 31 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)

WILLIAM G CASTRO

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

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*Business Enquire, Inc.*

4701 N. Federal Hwy - 445-00 - Lighthouse Point FL 33064

Phn (954) 782-1829 - Fax (954) 782-1828 - [businessenquire@hotmail.com](mailto:businessenquire@hotmail.com)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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### 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: GEMINI PROFESSIONAL SERVICES, 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:

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


4557 SW CHEROKEE ST  
PALM CITY, FL 34990  

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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.

WILLIAM G CASTRO  
Printed Name of the Person Filing

  
Signature of the Person Filing

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*Business Choice Inc.*

4701 N. Federal Hwy # 445-KS - Lighthouse Point, FL 33064  
Pho (954) 782-1828 - Fax (954) 782-1828 - [bcpresson@hotmail.com](mailto:bcpresson@hotmail.com)