P99000104203

(Requestor's Name)					
(Address)					
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TO ACKNOWLEDGE.

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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

GHA OSPREY POINTE, INC.				
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				Art of Inc. File
				LTD Partnership File
				Foreign Corp. File
				L.C. File
				Fictitious Name File
				Trade/Service Mark
				Merger File
				Art, of Amend, File
				RA Resignation
			<u> ✓</u>	Dissolution / Withdrawal
				Annual Report / Reinstatement
				Cert. Copy
		,		Photo Copy
				Certificate of Good Standing
				Certificate of Status
				Certificate of Fictitious Name
				Corp Record Search
				Officer Search
		ľ		Fictitious Search
Signature			***************************************	Fictitious Owner Search
				Vehicle Search
				Driving Record
Requested by: Seth	11/08/13	!		UCC 1 or 3 File
Name	Date	Time		UCC 11 Search
357 13 - Y	*****			UCC 11 Retrieval
Walk-In	Will Pick Up			Courier

ARTICLES OF DISSOLUTION

OF

GHA OSPREY POINTE, INC.

Pursuant to 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

- 1. The name of the corporation, as currently filed with the Florida Department of State, is GHA Osprey Pointe, Inc.;
- 2. The document number of the corporation is P99000104203;
- 3. Dissolution was authorized on November 6, 2013; and
- 4. Dissolution was approved by the sole shareholder of the corporation, and the number of votes cast for dissolution was sufficient for approval.

DATED as of the 6th day of November 2013.

GHA OSPREY POINTE, INC.

Name: Debra Huggins

Title: Secretary

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: GHA Osprey Pointe, 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: The name of the claimant, contact information for the claimant, the nature of the claim (including without limitation its amount), and a brief description of any facts necessary to evaluate the claim. Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) PMB #257 LGO File Corporation 505 Beachland Blvd., STE 1 Vero Beach, FL 32963 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. Cleber Huffins
Signature of the Person Filing

Debra Huggins, Secretary

Printed Name of the Person Filing