

840450

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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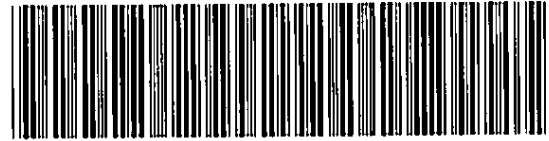
(Business Entity Name)

(Document Number)

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COGENCYGLOBAL

115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
866.625.0838
COGENCYGLOBAL.COM

Date: September 29, 2021

Account#: I20000000088

Name: David Shulman

Reference #: 1482802

Entity Name: G AND G OF ST. AUGUSTINE, INC.

☐ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☒ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other _____

ISSUES? CALL

David:

850-270-0082

*File
Second*

Authorized Amount: **\$35.00**

Signature: David Shulman

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COGENCYGLOBAL, INC.
10 E. 401 ST. 10 FL
NY, NY 10016
800.221.0102
+1.212.947.7200

• EUROPEAN HQ
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Date: **September 29, 2021**

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☒ **Dissolution/Withdrawal**

☐ Fictitious Name

☐ Other _____

ISSUES? CALL

David:

850-270-0082

Authorized Amount: **\$35.00**

Signature: *David Shulman*

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:

G. and G. of St. Augustine, Inc.

SECOND: The document number of the corporation (if known): S40480

THIRD: The date dissolution was authorized: September 29, 2021

Effective date of dissolution if applicable: September 30, 2021

(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: Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.

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)

Sonya Jensen

(Typed or printed name of person signing)

Personal Representative of the Estate of Philip B. Genovar, Deceased

(Title of person signing)

Filing Fee: \$35

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SECRETARY OF STATE
TALLAHASSEE, FL 32310