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(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

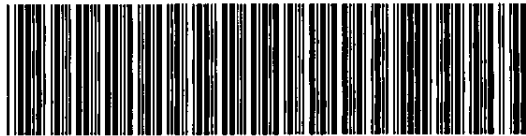
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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*App. cate
Director*

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 APR 13 PM 1:47

FILED

4-16-12

ARTICLES OF CORRECTION

for

GEOMETRIX OF JACKSONVILLE INC

Name of Corporation as currently filed with the Florida Dept. of State

P09000102501

Document Number (if known)

2012 APR 13 PM 1:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, this corporation files these Articles of Correction within 30 days of the file date of the document being corrected.

These articles of correction correct DISSOLUTION
(Document Type Being Corrected)

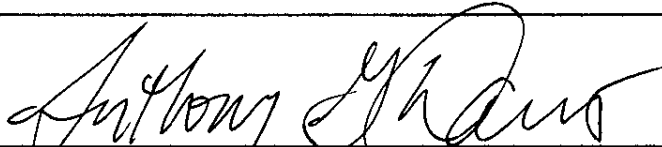
filed with the Department of State on 4/6/12
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

The "EVENT EFFECTIVE DATE" under the Filing Information webpage of Geometrix of Jacksonville reads "NONE". The EVENT EFFECTIVE DATE of the DISSOLUTION was AUGUST 13, 2011.

Correct the inaccuracy, incorrect statement, or defect:

UNDER "FILING INFORMATION"
EVENT EFFECTIVE DATE: 8/13/2011



(Signature of a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of the receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

ANTHONY G. DAVIS

(Type or printed name of person signing)

PRES

(Title of person signing)

Filing Fee: \$35.00

FILED
Apr 06, 2012
Secretary of State

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida corporation submits the following Articles of Dissolution:

- FIRST:** The name of the corporation as currently filed with the Florida Department of State:
GEOMETRIX OF JACKSONVILLE, INC.
- SECOND:** The document number of the corporation: P09000102501
- THIRD:** The date dissolution was authorized: August 12, 2011
- FOURTH:** Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: ANTHONY DAVIS PD

Electronic Signature of Signing Officer, Director, Incorporator or Authorized Representative