

PI 000030915

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

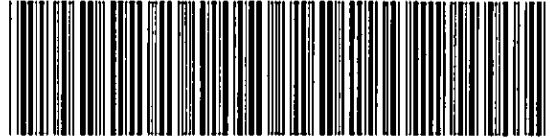
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

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2019 DEC 16 AM 10:25

5:57

C GOLDEN

DEC 26 2019

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Articles of Dissolution

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

Gloria Shontz

(Name of Contact Person)

BPI Consulting, Inc.

(Firm/Company)

PO Box 1870

(Address)

Tybee Island, GA 31328

(City/State and Zip Code)

For further information concerning this matter, please call:

Gloria Shontz

(Name of Contact Person)

at (562) 716-8603

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$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)

MAILING ADDRESS:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 15, 2019

GLORIA SHONTZ
POST OFFICE BOX 1870
TYBEE ISLAND, GA 31328

SUBJECT: BPI CONSULTING, INC.
Ref. Number: P15000030915

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The Notice of Dissolution must contain a description of information that should be included in a written claim.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 319A00021243

*Please see
page 3*

2019 OCT 16 PM 4:09

RECEIVED
DEC 16 2019

ARTICLES OF DISSOLUTION

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

2019 DEC 16 AM 10:25

FIRST: The name of the corporation as currently filed with the Florida Department of State:

BPI Consulting, Inc

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

THIRD: The date dissolution was authorized: 12/31/18

Effective date of dissolution if applicable: 12/31/18
(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

(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)

Gloria Shontz

(Typed or printed name of person signing)

President.

(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: BPI 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:

NAME OF PERSON OR BUSINESS FILING CLAIM

ADDRESS OF PERSON OR BUSINESS FILING CLAIM

PHONES NUMBER AND EMAIL OF PERSON OR BUSINESS FILING CLAIM

THE BILLING/INVOICE INFORMATION REGARDING THE CLAIM

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

PO Box 1870 Tybee Island, GA 31328

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.

Gloria Shontz

Printed Name of the Person Filing

Gloria Shontz

Signature of the Person Filing