P100000208/7

| (Re | equestor's Name) | | | |
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| (Ci | ty/State/Zip/Phon | e #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Bu | usiness Entity Nai | me) | | |
| (Document Number) | | | | |
| Certified Copies | Certificate: | s of Status | | |
| Special Instructions to | Filing Officer: | | | |
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FLORIDA DEPARTMENT OF STATE Division of Corporations

May 7, 2014

WILLIAM A. HAMMOND 3052 BRANCH DR. CLEARWATER, FL 33760

SUBJECT: ABLE ADVISORS, INC.

Ref. Number: P10000020817

We have received your document for ABLE ADVISORS, INC. and check(s) totaling \$150.00. However, your check(s) and document are being returned for the following:

Please note the money amounts differ on the check. Please send a corrected check for the proper amount. The correct amount is \$43.75.

Please sign and return your check along with this document in order to complete your filing.

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.

Darlene Connell Regulatory Specialist II

Letter Number: 114A00009777

COVER LETTER

| TO: Amendment Section Division of Corporations | | | | |
|--|---|--|--|--|
| Discolution of Abla Ad | Liana La | | | |
| SUBJECT: Dissolution of Able Ad | ivisors, inc. | | | |
| DOCUMENT NUMBER: P100000 | 20817 | | | |
| The enclosed Articles of Dissolution and fe | e are submitted for filing | | | |
| Please return all correspondence concerning | this matter to the follow | ing: | | |
| William A. Hammond | | | | |
| (Name of C | Contact Person) | | | |
| (Firm/Company) | | | | |
| 3052 Branch Dr. | | | | |
| . (Ad | dress) | | | |
| Clearwater, FL 33760 | | | | |
| (City/State | e and Zip Code) | | | |
| For further information concerning this matt | er, please call: | | | |
| William A. Hammond (Name of Contact Person) | | 369-6568 | | |
| (Name of Contact Person) | (Area Code & | Daytime Telephone Number) | | |
| Enclosed is a check for the following amount | nt: | | | |
| \$35 Filing Fee \$43.75 Filing Fee & Certificate of Status | \$43.75 Filing Fee & Certified Copy (Additional copy is | \$52.50 Filing Fee. Certificate of Status & Certified Copy | | |
| LC Sign | enclosed) | (Additional copy is enclosed) | | |
| MAILING ADDRESS: Amendment Section | STREET ADDRESS: | | | |
| LIIVISIAR ALL AFRAFALIANS | Amendment Section Division of Corporations | | | |
| P.O. Box 6327 Clifton Building | | • | | |
| Tallahassee, FL 32314 | 2661 Executive Center Circle Tallahassee, FL 32301 | | | |

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 Departme. Able Advisors, Inc. | nt of St | ate: | |
|---------|---|-------------|----------|-------------|
| SECOND: | The document number of the corporation (if known): P1000002081 | - 7 | | |
| THIRD: | The date dissolution was authorized: April 29, 2014 | | | |
| | Effective date of dissolution if applicable: May 1, 2014 (no more than 90 days after dissolution) | ation file | date) | |
| FOURTH: | Adoption of Dissolution (CHECK ONE) | | | |
| | Dissolution was approved by the shareholders. The number of votes c was sufficient for approval. | ast for | dissol | ution |
| | Dissolution was approved by the shareholders through voting groups. | | | |
| | The following statement must be separately provided for each voting grout to vote separately on the plan to dissolve: | ıp entiti | led | |
| | The number of votes cast for dissolution was sufficient for approval by | | 14 HAY | 1 1 |
| | (voting group) | | 27 PH 4: | |
| | Signature: William a. Ahmand | | យ | |
| | (By a director, president or other officer - if directors or officers have not been selected, an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, that fiduciary) | | | |
| | William A. Hammond (Typed or printed name of person signing) | | | |
| | President, Director | | | |
| | (Title of person signing) | _ | | |

Filing Fee: \$35