P 110000 82-649

| (Red | questor's Name) | |
|---------------------------|-------------------|-------------|
| | | |
| (Add | lress) | |
| | | |
| (Add | dress) | |
| | | |
| (City | //State/Zip/Phone | e #) |
| | • | ŕ |
| PICK-UP | ☐ WAIT | MAIL |
| | | |
| (Bus | siness Entity Nan | ne) |
| | | |
| (Doc | cument Number) | |
| , | , | |
| Certified Copies | Certificates | of Status |
| | Commodice | - Ol Olalus |
| <u> </u> | | |
| Special Instructions to F | filing Officer: | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |





800270851848

03/23/15--01023--026 **52.50

15 MAR 23 AM 8: 34 DEFENDANCIONESTATE

MAR 2 5 2015 C. CARROTHER

COVER LETTER

| Division of Comparations | | | | |
|---|--|--|--|--|
| Division of Corporations | | | | |
| SUBJECT: Dissolution | | | | |
| DOCUMENT NUMBER: | | | | |
| The enclosed Articles of Dissolution and fee are submitted for filing. | | | | |
| Please return all correspondence concerning this matter to the following: | | | | |
| Debra K. Haller | | | | |
| (Name of Contact Person) | | | | |
| (Firm/Company) | | | | |
| (Time Company) | | | | |
| 24031 Via Castella Drive, Ap+ 1403 (Address) | | | | |
| (Address) | | | | |
| Bonifa Springs, FL 34134 | | | | |
| (City/State and Zip Code) | | | | |
| For further information concerning this matter, please call: | | | | |
| Debra Haller at (239) 947-2074 | | | | |
| (Name of Contact Person) (Area Code & Daytime Telephone Number) | | | | |
| Enclosed is a check for the following amount: | | | | |
| □ \$35 Filing Fee □ \$43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional copy is enclosed) | | | | |
| MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision 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 Department | of State: | | | |
|---------|---|----------------|-------|--|--|
| | Debra K. Haller, CPA, PA | | | | |
| SECOND: | The document number of the corporation (if known): | | | | |
| THIRD: | The date dissolution was authorized: December 31, 201 Effective date of dissolution if applicable: December 31, 201 | 14 | | | |
| | Effective date of dissolution if applicable: December 31, 201 (no more than 90 days after dissolution) | n file date) | | | |
| FOURTH: | Adoption of Dissolution (CHECK ONE) | | | | |
| | Dissolution was approved by the shareholders. The number of votes cast was sufficient for approval. | 一般の | utior | | |
| | ☐ Dissolution was approved by the shareholders through voting groups. | R 23 | FILED | | |
| | The following statement must be separately provided for each voting group to vote separately on the plan to dissolve: | | | | |
| | The number of votes cast for dissolution was sufficient for approval by | 8: 34 STALE | | | |
| | (voting group) | | | | |
| | | | | | |
| | Signature: Debrak. Haller | | | | |
| | (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) | | | | |
| | Debra K. Haller | | | | |
| | (Typed or printed name of person signing) | | | | |
| | President | | | | |
| | (Title of person signing) | | | | |

Filing Fee: \$35