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| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Ducineer Entity Name) |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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COVER LETTER

| TO: Amendment Section Division of Corporations |
|---|
| SUBJECT: DISSOLUTION |
| DOCUMENT NUMBER: 390258 |
| The enclosed Articles of Dissolution and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| (Name of Contact Person) |
| (Name of Contact Person) |
| MIADLE RIVER ENTER PRISES INC |
| (Firm/Company) |
| 3900 WALT DECAN ARIVE # 206 |
| (Address) |
| FORT CHUPERDALE FL 33308 (City/State and Zip Code) |
| (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| Contex ANTONEllo at (964-914. 9734 |
| (Name of Contact Person) (Area Code) (Daytime Telephone Number) |
| Enclosed is a check for the following amount: |
| \$35 Filing Fee \$\sum \$43.75 Filing Fee & Certificate of Status Certified Copy (Additional copy is enclosed) \$35 Filing Fee \$\sum \$52.50 Filing Fee, Certified Copy (Additional copy is enclosed) |
| MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 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: | | | |
|---------|---|----------|-----------------------------|--|
| | MIDDLE RIVER ENTERPRISES INC | _ | | |
| SECOND: | The document number of the corporation (if known): 390258 | | | |
| THIRD: | The date dissolution was authorized: $9-24-18$ | | | |
| | Effective date of dissolution if applicable: (no more than 90 days after dissolution file date) Note: If the date inserted in this block does not meet the applicable rectangle. | | | |
| | 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 to vote separately on the plan to dissolve: | entitled | 4 5 5 5 | |
| | The number of votes cast for dissolution was sufficient for approval by | CT 15 | 00 15 KK 人以外 54 57 KK | |
| | | Z Z | <u> </u> | |
| | (voting group) | . r. 2 | IAIE RATIO | |
| S | (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) | | x | |
| - | LAURA WIRTH (Typed or printed name of person signing) | | | |
| | Core TARY (Title of person signing) | | | |