

605154

Florida Department of State  
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DISSOLUTION OR WITHDRAWAL  
STEPHEN A. BROADMAN, INC.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF DISSOLUTION**

*of*

**STEPHEN A. BROADMAN, INC.**

Pursuant to Section 607.1403, Florida Statutes, **Stephen A. Broadman, Inc.**, a Florida corporation (the "Corporation"), submits the following Articles of Dissolution:

**ARTICLE I**

The name of the corporation is **Stephen A. Broadman, Inc.** The document number for the Corporation is 605154.

**ARTICLE II**

The voluntary dissolution of the Corporation is authorized as of May 18, 2012.

**ARTICLE III**

The dissolution of the Corporation was approved by the shareholders of the Corporation holding a majority of the issued and outstanding stock of the Corporation entitled to vote.

**ARTICLE IV**

These Articles of Dissolution shall become effective on the date filed with the Florida Department of State, and the Corporation shall be dissolved as of such date.

**ARTICLE V**

Pursuant to Section 607.1407, Florida Statutes, a Notice of Dissolution of the Corporation is attached as **EXHIBIT A**.

Signed this 18<sup>th</sup> day of May, 2012.

*Ruchel S. Broadman, President*  
Ruchel S. Broadman, President

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**EXHIBIT A**  
**NOTICE OF DISSOLUTION**  
**OF**  
**STEPHEN A. BROADMAN, INC.**

This Notice of Dissolution is submitted by **Stephen A. Broadman, Inc.**, a Florida corporation (the "Corporation"), for resolution of payment of unknown claims against the Corporation as provided in Section 607.1407, Florida Statutes.

**ARTICLE I**

The name of the Corporation is **Stephen A. Broadman, Inc.**

**ARTICLE II**

The effective date of the voluntary dissolution, as specified in the Articles of Dissolution filed with the Florida Department of State, is the date the Articles of Dissolution are filed with the Florida Department of State.

**ARTICLE III**

Claims against the Corporation should be submitted to the address listed below. The following information must be included in each claim:

1. The name, address and telephone number of the claimant, and the name, address and telephone number of the claimant's attorney, if any. If the claimant is not represented by an attorney, the preferred method by which the claimant may be contacted.
2. A description of the claim, including a summary of the facts giving rise thereto and the claimant's reason to believe the Corporation is liable therefor.
3. The harm suffered by claimant.

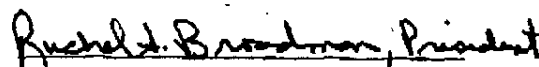
**ARTICLE IV**

Claims should be mailed to the Corporation at the following address:

Stephen A. Broadman, Inc.  
3714 Cathedral Cove Road  
Jacksonville, Florida 32217

**ARTICLE V**

Claims against the Corporation will be barred unless a proceeding to enforce the claim is commenced within four (4) years after the filing of this Notice of Dissolution.

  
Rachel S. Broadman, President