P. Na	hn Jennings O. Box 413005 ples, FL 34/0	?/ 	3			
City/State	/Zip Pho	ne#		Office Use	Only	
CORPORATION	NAME(S) & DOO	ا CUMENT NUM	BER(S), (i	f known):		
1.						
(Corp	ooration Name)	(Do	cument #)			
2(Con	poration Name)	(Do	cument #)			
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(Согр	poration Name)	(Do	cument #)			
4	poration Name)	(Do	cument #)			
☐ Walk in	Pick up time		·	tified Copy		
	Pick up time Will wait	Photocopy	☐ Cer	tified Copy	atus	
		Photocopy	☐ Cer	tificate of St	12917349-	
☐ Mail out ☐	Will wait	Photocopy	☐ Cer	tificate of St		 02 5.0
Mail out NEW FILINGS Profit NonProfit	Will wait AMENDM Amendment Resignation of	Photocopy TENTS of R.A., Officer/ Direct	☐ Cer	tificate of St	1 2917349- 1 28 /990111100	- <u>-</u> 02 5.0
Mail out NEW FILINGS Profit NonProfit Limited Liability	AMENDM Amendment Resignation of	Photocopy TENTS of R.A., Officer/ Direct egistered Agent	☐ Cer	tificate of St	0 2917349- /28/99011110(***35.00	 02 5.0
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CR2E031(1/95)

ARTICLES OF DISSOLUTION

Pursuant to following a	o section 607.1403, Florida Statutes, this Florida profit corporation submits the statutes of dissolution:
FIRST:	The name of the corporation is: JENN IN GS OF NAPLES, INC
SECOND:	The date dissolution was authorized: 1-8-98
THIRD:	Adoption of Dissolution (CHECK ONE)
Diss was	olution was approved by the shareholders. The number of votes cast for dissolution sufficient for approval.
☐ Diss	olution was approved by vote of the shareholders through voting groups.
T er	he following statement must be separately provided for each voting group ntitled to vote separately on the plan to dissolve:
The	number of votes cast for dissolution was sufficient for approval by
	d this _2/_ day of June, 19/999
Signe	d this <u>2/</u> day of <u>Juna</u> , 19 <u>1999</u>
Signature _	ME Chairman or Vice Chairman of the Board, President, or other officer)
	(Typed or printed name)