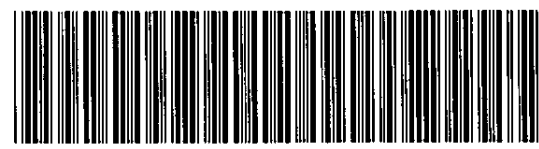


A02000001579



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(Requestor's Name)

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PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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K. SALY
EXAMINER
MAY 12 2015

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 623966 4305389

AUTHORIZATION



COST LIMIT : \$ 52.50

ORDER DATE : May 11, 2015

ORDER TIME : 12:21 PM

ORDER NO. : 623966-005

CUSTOMER NO: 4305389

DOMESTIC FILINGS

NAME: KIELY ASSET PARTNERS II, LTD

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Lydia Cohen - EXT# 62974

EXAMINER'S INITIALS: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF DISSOLUTION
FOR

Kiely Asset Partners II, Ltd.

(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

Pursuant to the provisions of section 620.1203, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on December 2, 2002, assigned Florida document number A02000001579, hereby submits this Certificate of Dissolution.

FIRST: Reason for dissolution: (State why partnership is submitting dissolution)

The limited partnership is no longer doing business.

SECOND: A Notice of Dissolution is attached.
(Check box if attached.)

THIRD: Effective date, if other than the date of filing: _____

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Signatures of each general partner or the person appointed pursuant to s. 620.1803(3) or (4), F.S.:

Elizabeth S. Kiely
Elizabeth S. Kiely

Deceased
William R. Kiely, Jr.

Filing Fee: \$52.50
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75