Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000055471 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6380

From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023

Phone Fax Number

: (850)205-8842 : (850)878~5368

DISSOLUTION OR WITHDRAWAL ONE MAIN STREET, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

MAR 0 4 2016

D CONNELL

t

ARTICLES OF DISSOLUTION

i

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: One Main Street, Inc.	
SECOND:	The document number of the corporation (if known):	
THIRD:	The date dissolution was authorized: February 22, 2016	
	Effective date of dissolution if applicable: Upon filing. (no more than 90 days after dissolution file date) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will	
FOURTH:	not be listed as the document's effective date on the Department of State's records. 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 entitled to vote separately on the plan to dissolve:	
	The number of votes cast for dissolution was sufficient for approval by	
	(vitting group)	
	Signature:	
	(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)	
	Pamela A. Snell	
	(Typed or printed name of person signing)	
	Assistant Secretary	
	(Title of person signing)	