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Division of Corporations

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: (850)617-8380

Prom:

Account Name

: LATHAM, SHUKER, EDEN & BEAUDINE, LLP

Phone

Account Number : 120000000025 : (407)481-5800

Contact: Diane Crivello

Fax Number

: (407)481-5801

Email: crivello@tseblaw.com

DISSOLUTION OR WITHDRAWAL FLORIDA CARBONIC DISTRIBUTOR, INC.

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ARTICLES OF DISSOLUTION OF FLORIDA CARBONIC DISTRIBUTOR, INC.

Pursuant to Section 607.1403 of the Florida Business Corporation Act, the undersigned hereby submits these Articles of Dissolution of FLORIDA CARBONIC DISTRIBUTOR, INC., a Florida corporation (the "Corporation"), for filing.

ARTICLE I

The name of the Corporation is FLORIDA CARBONIC DISTRIBUTOR, INC., a Florida profit corporation, Document No. H39637.

ARTICLE II

The dissolution of the Corporation was authorized on the 30th day of December, 2014 by written consent of the shareholders of the Corporation entitled to vote on the proposed dissolution, pursuant to Section 607.1402(6) and Section 607.0704 of the Florida Business Corporation Act, and is effective as of the close of business on the 31st day of December, 2014.

ARTICLE III

Dissolution was approved by the shareholders of the Corporation. The number of votes cast in favor of dissolving the Corporation was sufficient for approving the dissolution of the Corporation.

Executed this day of December, 2014.

FLC	ORIDA	CARE	BONIC	DISTRI	ЩÚТОR	. INC
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SECRETARY OF STATE
SECRETARY FLORID.

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this Corporation as provided in Section 607.1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: Florida Carbonic Distributor, Inc.

Date of dissolution is December 31, 2014 as specified in the Articles of Dissolution.

Description of information that must be included in a claim:

- 1. Provide the name, address and contact information for an officer of the claimant or other individual with knowledge of the claim.
- 2. Provide a reasonable description of the claim claimant is asserting.
- 3. State the amount of the claim as of a given date.
- 4. State any interest obligation related to such claim if such obligation is fixed by an instrument of indebtedness.
- 5. If existing and available to claimant, provide a copy of any instrument pursuant to which claimant believes its claim arises.

Mailing address where claims can be sent:

FLORIDA CARBONIC DISTRIBUTOR, INC.

225 Arnold Avenue Longwood, FL 32750

Attention: Herbert V. Hinely

A claim against the above named Corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

FLORIDA CARBONIC DISTRIBUTOR. INC.

Name: Herbert V. Hinely

Title: President/Shareholder