Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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To: Division of Corporations Fax Number : (850) 617-6380 8 From: Account Name : CAPITOL SERVICES, INC. Account Number : 120160000017 Phone : (855)498-5500 Fax Number : (800)432-3622 DISSOLUTION OR WITHDRAWAL AMWJR, INC. Certificate of Status Certified Copy 1 Page Count 03 Estimated Charge \$43.75 MAY 25 2018 S. YOUNG

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ARTICLES OF DISSOLUTION

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: | | | |
|---------|--|------------------|------------|--|
| | AMWJR, Inc. | | | |
| SECOND: | OND: The document number of the corporation (if known): | | | |
| THIRD: | The date dissolution was authorized: | _ | | |
| | Effective date of dissolution if applicable: (no more then 90 days after dissolution file date) | | | |
| | Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this cannot be listed as the document's effective date on the Department of State's records. | ate will | | |
| FOURTH: | Adoption of Dissolution (CHECK ONE) | 1, . | 4 | |
| | Dissolution was approved by the shareholders. The number of votes cast for dissolwas sufficient for approval. | hitton | 80 M.X. | |
| | ☐ Dissolution was approved by the shareholders through voting groups. | | 25 | |
| | The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve: | C, FLO | A.V. 6: | |
| | The number of votes cast for dissolution was sufficient for approval by | | : 52 | |
| | · (voting group) | _ | | |
| | | | | |
| | | | | |
| | Signature: (By sidirector, 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) | _ | | |
| | David S. Waddell | | | |
| | (Typed or printed name of person aigning) | | | |
| | President | | | |
| | (Title of person rigning) | | | |

Filing Fee: \$35

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 s. 607.1407, F.S.

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

| Name of Corporation: | |
|---|--|
| Date of dissolution will be the date the dissolution is filed with specified in the Articles of Dissolution. | h the Department of State or as |
| Description of information that must be included in a claim: | |
| Name of claimant, description of claim and amount of claim | |
| | |
| | |
| | |
| <u> </u> | |
| Mailing address where claims can be sent: (Claims cannot be | sent to the Division of Corporations) |
| 5188 Wheelis Drive, Memphis, TN 38117 | |
| | |
| | |
| | |
| A claim against the above named corporation will be barred us within 4 years after the filing of this notice. | nless a proceeding to enforce the claim is commenced |
| | |
| David S. Waddell | |
| Printed Name of the Person Filing | Signature of the Person Filing |

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00