145166

| (Re | questor's Name) | | | |
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| (Ad | dress) | | | |
| (Ad | dress) | | | |
| (Cit | ty/State/Zip/Phone | e #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Ви | siness Entity Nar | ne) | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | s of Status | | |
| Special Instructions to | Filing Officer: | | | |
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SER 1 0 2015 C. CARROTHERS



COVER LETTER

TO: Amendment Section Division of Corporations

| SUBJECT: | H. MAX FRICI | KER & ASS | OCIATES, IN | C. | | |
|--|----------------------------|---------------|-------------------------|----------------------------|--|------|
| DOCUMENT NUMBER: | J4 | 5166 | WALLES | | | |
| The enclosed Articles of Dis | solution and | fee are sub | mitted for f | iling. | | |
| Please return all corresponde | nce concernin | g this mat | ter to the fol | lowin | g: | |
| | H. MA | X FRICKER | | | | |
| ************************************** | (Name of | Contact P | erson) | | | |
| | H. MAX FRICK | ER & ASSO | CIATES, INC | 2. | | |
| Transaction of the Control of the Co | (Fir | m/Compan | ıy) | | | |
| | 14 MARINA | GARDENS | DRIVE | | | |
| | (A | ddress) | | | | |
| | PALM BEACH | GARDENS, | FL 33410 | | | |
| | (City/Sta | ite and Zip | Code) | | | |
| For further information conc | erning this ma | itter, please | e call: | | | |
| H. MAX FRICK | ER | at (_ | | | | |
| (Name of Contact | Person) | | (Area Cod | e) (D | Paytime Telephone Num | ber) |
| Enclosed is a check for the fe | ollowing amou | int: | | | | |
| □ \$35 Filing Fee ■ \$43.75 Certific | Filing Fee & ate of Status | Certific | ed Copy onal copy is | | \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed) | |
| MAILING ADDRESS Amendment Section Division of Corporat P.O. Box 6327 Tallahassee, FL 323 | ions | | A D C | mendi ivisioi lifton | r ADDRESS: ment Section n of Corporations Building Recutive Center Circle | |

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

| | | P in in in | <u>යා</u> |
|---------|---|----------------------|--------------|
| FIRST: | The name of the corporation as currently filed with the Florida Department of | State: | SEP |
| | H. MAX FRICKER & ASSOCIATES, INC. | 4 | |
| SECOND: | The document number of the corporation (if known): | प्रदेख भ∉् | |
| THIRD: | The date dissolution was authorized: June 30, 2015 Effective date of dissolution if applicable: June 30, 2015 | ## (F) | <u>ω</u> |
| | Effective date of dissolution if applicable: June 30, 2015 | | |
| | (no more than 90 days after dissolution Note: If the date inserted in this block does not meet the applicable statutory filing requirement be listed as the document's effective date on the Department of State's records. | file date) | iate will |
| FOURTH: | Adoption of Dissolution (CHECK ONE) | | |
| | Dissolution was approved by the shareholders. The number of votes cast t was sufficient for approval. | or disso | lution |
| | ☐ Dissolution was approved by the shareholders through voting groups. | | |
| | The following statement must be separately provided for each voting group ento vote separately on the plan to dissolve: | ntitled | |
| | The number of votes cast for dissolution was sufficient for approval by | | |
| | (voting group) | | |
| | | | |
| | | | |
| | Signature: m: # Licks | | |
| ı | (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) | | |
| | H. MAX FRICKER | | |
| | (Typed or printed name of person signing) | | |
| | PD | | |
| | (Title of person signing) | | |