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(City/State/Zip/Phone #)

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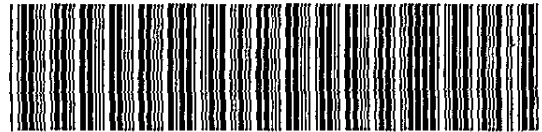
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HFP SPRINKLER FLORIDA

DOCUMENT NUMBER: _____

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

GARY W. SMITH

(Name of Person)

HFP SPRINKLER SOUTH HADLEY

(Name of Firm/Company)

32 CHAR DRIVE

(Address)

WESTFIELD MASSACHUSETTS 01085

(City/State/and Zip Code)

For further information concerning this matter, please call:

GARY W. SMITH

(Name of Person)

at (413) 568-4709

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

MAILING ADDRESS:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

September 29, 2004

GARY W. SMITH
HFP SPRINKLER SOUTH HADLEY
3200 CHAR DRIVE
WESTFIELD, MA 01085

SUBJECT: HFP SPRINKLER FLORIDA
Ref. Number: W04000036094

We have received your document for HFP SPRINKLER FLORIDA and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Our records show no entity by this name.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 704A00057022

VB

SEE CORRECTE NAME ON ATTACHED

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 Department of State
HFP-SPRINKLER-FLORIDA- HFP FIRE SPRINKLER CORP. OF FLORIDA

SECOND: The document number of the corporation (if known): _____

THIRD: The date dissolution was authorized: SEPTEMBER 30, 2004
Effective date of dissolution if applicable: SEPTEMBER 30, 2004
(no more than 90 days after dissolution file date)

FOURTH: 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 of 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

[Signature] HFP SPRINKLER OF FLORIDA
(voting group)

Signed this 18 day of Sept, 2004

Signature: [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)

GARY W. SMITH

(Typed or printed name of person signing)

TREASURER AND SECRETARY

(Title of person signing)

Filing Fee: \$35