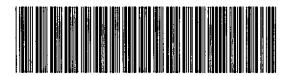
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(Requestor's Name)						
(Address)						
(Address)						
(Cit	y/State/Zip/Phon	e #)				
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	_ Certificate	s of Status				
Special Instructions to Filing Officer:						

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### **COVER LETTER**

TO:

Registration Section Division of Corporations

SUBJECT: IVI

M.J. Company, LLC

(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Thomas E. Sowers				
(Name of Person)				
Berman Fink Van Horn P.C.				
(Firm/Company)				
3475 Piedmont Rd. NE, Suite 1100				
(Address)				
Atlanta, GA 30305				
(City/State and Zip Code)				

For further information concerning this matter, please call:

Thomas E. Sowers

at (404 ) 261-7711

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee and Certificate of Dissolution

□ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)

#### **MAILING ADDRESS:**

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

FILED 2015 DEC -9 AN 10: 39

1.	The name of a limited liabil M.J. Company, LLC	ity company is		SECKETARY OF STATE TALLAHASSEE, FLORIDA		
2.	The Articles of Organization	n were filed on May 3, 2	2005	and assigned		
	document number L0500004	3481	_			
3.	The delayed effective date the dissolution if not effective on the date of filing:  (effective date cannot be prior to or more than 90 days later than date document is received for filing)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not listed as the document's effective date on the Department of State's records.					
4.	A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 505.0707, Florida Statutes, (copy 605.0707 on back cover letter).					
	The sole Manager and Member of the Company consented to voluntarily dissolve the Company in accordance					
	with section 605.0707(2) of the	Florida Statutes.				
5.	If there are no members, ent activities and affairs:	er the name and address	of the person appointed	to wind up the company's		
6. Iist	Signature of an authorized p ted above to wind up the com	erson or if there are no apany's activities and af	members, the signature o	f the person appointed and		
	JU JULI Signature		Jill Ullman	l Name		

FILING FEE: \$25.00