

L10000061513

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

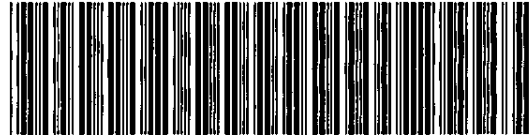
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200230077092

04/23/12--01018--015 **25.00

FILED
12 APR 23 PM 12:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Oullgan APR 24 2012

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: One Way Non Medical Transportation Services 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:

Michael C. Ford
(Name of Person)

One Way Non Medical Transportation Services, LLC
(Firm/Company)

old
13816 Vanderbilt Rd

new
7429 Columbus Cr #208

(Address)

Ogessa, FL 33556-1784

New Port Richey, FL 34655

(City/State and Zip Code)

For further information concerning this matter, please call:

Michael C. Ford at (813) 842-6776
(Name of Person) (Area Code & Daytime Telephone Number)

or 813-842-1179

Enclosed is a check for the following amount:

\$25.00 Filing Fee

\$30.00 Filing Fee & Certificate of Status

\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)

\$60.00 Filing Fee, Certificate of Status & 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
12 APR 23 PM 12:44
SECRETARY OF STATE,
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

One Way Non Medical Transportation Services, LLC

2. The Articles of Organization were filed on June 9, 2010 and assigned document number

L10000061513

3. The date the dissolution was approved: March 31, 2012

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, (copy 608.441 on back cover letter).

Business was never started due to lack of finances to get it up and running. No EIN number ever received either from IRS.

5. CHECK ONE:

- All debts, obligations and liabilities of the limited liability company have been paid or discharged.
-OR-
 Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

6. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

7. CHECK ONE:

- There are no suits pending against the company in any court.
-OR-
 Adequate provision has been made for the satisfaction of any judgment, order or decree which may be entered against it in any pending suit.

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature

Printed Name

Michael C. Ford
Barbara A. Ford

Michael C. Ford
BARBARA A. Ford

Certificate of Status

I certify from the records of this office that ONE WAY NON MEDICAL TRANSPORTATION SERVICES, LLC, is a limited liability company organized under the laws of the State of Florida, filed electronically on June 09, 2010, effective July 01, 2010.

The document number of this company is L10000061513.

I further certify that said company has paid all fees due this office through December 31, 2010, and its status is active.

I further certify that this is an electronically transmitted certificate authorized by section 15.16, Florida Statutes, and authenticated by the code noted below.

Authentication Code: 100609091316-500181867215#1

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this the
Ninth day of June, 2010



Laura K. Roberts

Laura K. Roberts
Secretary of State