<u>C10000092002</u>

(Re	equestor's Name)					
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL				
(Bu	usiness Entity Nan	ne)				
(Document Number)						
Certified Copies	_ Certificates	of Status				
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COVER LETTER

TO:	FO: Registration Section Division of Corporations								
	•								
SUBJECT: JESCO GLOBAL, LLC (Name of Limited Liability Company)									
(Name of Limited Liability Company)									
The enclosed Articles of Dissolution and fee(s) are submitted for filing.									
Please 1	return all correspondence concerning this matter to the	following:							
Poly S. Jones (Name of Person)									
	(Name of	Person)							
	(Firm/Co	ompany)							
	204.2.11 . 1511	Od							
	378 Bentley HIII (Add	ress)							
	0.15.21								
	Arlington, VT 05250 (City/State and Zip Code)								
	· · · ·	a zip coacy							
For furt	ther information concerning this matter, please call:								
		2-2-2-2-2-							
	Poly Jones (Name of Person)	at (802) 362-2885 (Area Code & Daytime Telephone Number)							
	(Name of Person)	(Area Code & Daytime Telephone Number)							
Enclose	d is a check for the following amount:								
Þ	\$25.00 Filing Fee and Certificate of Dissolution	□ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)							
	MAILING ADDRESS:	STREET/COURIER ADDRESS:							
	Registration Section	Registration Section							
	Division of Corporations	Division of Corporations							
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle							

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liabilit	ty company is			
	JESCO G	lobal, LLC			·
2.	The Articles of Organization	were filed on		and assigned	
	document number _L 1000	00092002	_		
3.	The delayed effective date the (effective date) Note: If the date inserted in the listed as the document's effective date.	is block does not meet the	applicable statutory filin	ing: 12 · 3(· 2c) te document is received f g requirements, this da	or filing) te will not be
4.	A description of occurrence t 605.0707, Florida Statutes, (c	that resulted in the limit copy 605.0707 on back	ted liability company's cover letter).	dissolution pursuant	to section
	The LCC is	unpopulated.	It has neve	r kun used.	
					
5.	If there are no members, ente	er the name and address	of the person appointe	ed to wind up the con	npany's
	activities and affairs:	Polly S. Jon		•	<u> </u>
		378 Bentley	Hill Rd.		FEB-
		Arlington,	UT 05250	•	<u> </u>
	·				
6. lis	Signature of an authorized peted above to wind up the com	erson or if there are no r pany's activities and af	members, the signature fairs:	of the person appoin	nted and
//	mes /mes		Poly 5.	Sones	
/	Signature		' Print	ted Name	

FILING FEE: \$25.00