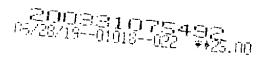
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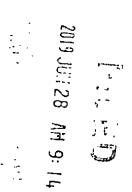
(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(0.000)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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Office Use Only



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COVER LETTER

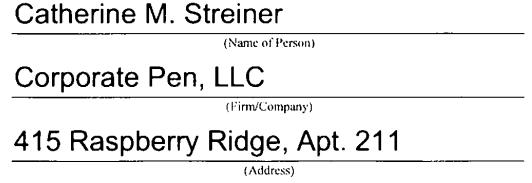
TO: Registration Section
Division of Corporations

SUBJECT: Corporate Pen, 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:



Fort Mill, SC 29715

(City/State and Zip Code)

For further information concerning this matter, please call:

Catherine Streiner	_ _{at (} 480	419-0356		
(Name of Person)	(Area Code	(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)

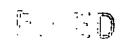
MAILING ADDRESS:

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



The name of a limited liability Corporate Pen, LLC	ty company is	2019 JUT 28	AM 10: 27	
2. The Articles of Organization	were filed on November 23, 201	0 and assigned	i i	
document number L1000012	1332			
Note: If the date inserted in the	ne dissolution if not effective on late cannot be prior to or more than 90 is block does not meet the applicab ive date on the Department of State	le statutory filing requirements, th		
4. A description of occurrence 605.0707, Florida Statutes, (that resulted in the limited liabil copy 605.0707 on back cover let	ity company's dissolution purster).	suant to section	
Company is moving to South C	arolina.			
				
				
5. If there are no members, ent activities and affairs:	er the name and address of the p	erson appointed to wind up the	company's	
6. Signature of an authorized p listed above to wind up the con	erson or if there are no members pany's activities and affairs:	s, the signature of the person ap	ppointed and	
alkerne-MI	Cather	ine M. Streiner		
Signature		Printed Name		

FILING FEE: \$25.00