111000 055 459

| (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: | | | | | | |
| | | | | | | |
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Office Use Only



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COVER LETTER

| то: | Registration Section Division of Corporations | | | | | | |
|---|---|---|--|--|--|--|--|
| SUBJE | JHL3,LLC | | | | | | |
| SUBJE | | d Liability Company) | | | | | |
| The end | closed Articles of Dissolution and fee(s) are submitte | d for filing. | | | | | |
| Please r | return all correspondence concerning this matter to the | ne following: | | | | | |
| | Joseph Low | | | | | | |
| (Name of Person) | | | | | | | |
| (Firm/Company) | | | | | | | |
| 540 Palm Boulevard | | | | | | | |
| (Address) | | | | | | | |
| Weston, FL 33326 | | | | | | | |
| (City/State and Zip Code) | | | | | | | |
| For furt | ther information concerning this matter, please call: | | | | | | |
| Joseph Low | | _{at (} 858) 717-2495 | | | | | |
| | (Name of Person) | (Area Code & Daytime Telephone Number) | | | | | |
| Enclosed | d 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: | STREET/COURIER ADDRESS: | | | | | |

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

| 1. | The name of a limited liabi | lity company is | | |
|-----------|--|---|--|---|
| 2. | The Articles of Organization | on were filed on 5/10/20 | 11 | _ and assigned |
| | document number L110000 | 55459 | | |
| 3. | The delayed effective date (effective Note: If the date inserted in listed as the document's effective date. | this block does not meet the | he applicable statutory filing r | When Received document is received for filing) equirements, this date will not be |
| 4. | A description of occurrence 605.0707, Florida Statutes, | e that resulted in the lim (copy 605.0707 on back | nited liability company's di c cover letter). | ssolution pursuant to section |
| | Market for the consulting serv | ices offered via this entity | no longer exists. | ALI: |
| | So, the decision has been mad | e to close it. | | 2019 DOT SI ATTACHMENT SEED |
| 5. | If there are no members, en | ter the name and addres | ss of the person appointed | to wind up the company's |
| | activities and affairs: | Joseph H. Low | | |
| | | 540 Palm Boulevard | | |
| | | Weston, FL 33326 | | |
| 6. lis | Signature of an authorized ted above to wind up the co | person or if there are no npany's activities and a | members, the signature of | the person appointed and |
| | JHJE | | Joseph H. Low | |
| | Signature | | Printed | Name |

FILING FEE: \$25.00