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Certified Copies Certificates of Status		
Special Instructions to	Filing Officer:	
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Office Use Only



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15 MAR 23 AH IO: 36 SECRETARY OF STATE ALLAHASSEE FLORID

T. HAMPTON

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Intrinsic Capital Management LLC (Name of Limited Liability Company)		
(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:		
Anthony L Bazile		
(Name of Person)		
Internsic Copital Monagement		
270 Saugatuck Aug		
(City/State and Zip Code)		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
Anothury L Bazile at (917) SUB-SUSB		
(Name of Person) (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

1. The name of a limited liability company is Intrinsic Capital Management LLC
2. The Articles of Organization were filed on May 11, 2011 and assigned
document number <u>L 11000055493</u>
3. The delayed effective date the dissolution if not effective on the date of filing: \(\frac{1}{2}\) \(\frac{1}{2}\) \(\frac{1}{2}\) (effective date cannot be prior to or more than 90 days later than date document is received for filing)
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).
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5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:
6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed above to wind up the company's activities and affairs:
Anthony 1. Provide
Signature Printed Name

FILING FEE: \$25.00

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SECRETARY OF STATE
AFT AFTASSEE, FLORIDA