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D. SCOTT NOV 1 6 2016

COVER LETTER

TO: Registration Section Division of Corporations OP OFFICE + TAX SOLUTIONS, LLC The enclosed Articles of Dissolution and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: ARBARA K. BLACKLIDGE (Firm/Company) 2512 SWEETWATER TRAIL

(Address)

WINTER PARK FL 32789

(City/State and Zin Code) For further information concerning this matter, please call: (Name of Person)

(Name of Person)

(Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: □ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed) \$25.00 Filing Fee and Certificate of Dissolution **MAILING ADDRESS:** STREET/COURIER ADDRESS: Registration Section Registration Section **Division of Corporations** Division of Corporations P.O. Box 6327 Clifton Building

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is 1 STUP OFFICE & TAX SOLUTIONS, LLC		
	- 1 STOP OFFICE VITTA SOLUTIONS; ==		
2.	The Articles of Organization were filed on and assigned		
	document number <u>4//0000 990 3/</u>		
3.	The delayed effective date the dissolution if not effective on the date of filing: 23/16 (effective date cannot be prior to or more than 90 days later than date document is received for filing) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.		
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). LLC CHANGING FROM A PARTNERSHIP		
	TO A SINGLE MEMBER LLC		
5.	If there are no members, enter the name and address of the person appointed to wind up the company's		
	activities and affairs:		
	SSRY F III		
	FL ST		
6. lis	Signature of an authorized person or if there are no members, the signature of the person appointed and the day of the company's activities and affairs:		
1	Suh Z. Blacklidge BARBARA K. BLACKLIDGE Printed Name		
FILING FEE: \$25.00			