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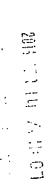
| (Re | questor's Name) | |
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| PICK-UP | | MAIL |
| (Bu | siness Entity Nam | ne) |
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| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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B. BOSTICK

APR 21 2014

EXAMINER

COVER LETTER

| TO: Registration Section Division of Corporations | |
|---|----------|
| SUBJECT: OLIVIA LEWIS EINANCIAL LLC (Name of Limited Liability Company) | <u> </u> |
| The enclosed Articles of Dissolution and fee(s) are submitted for filing. | |
| Please return all correspondence concerning this matter to the following: | |
| OLIVIA LEWIS (Name of Person) | |
| OLIVIA LEWIS FINANCIAL, LLC (Firm/Company) | |
| 5533 N. LEWIS RD. | |
| WEST PALM BEACH, FL. 33415 (City/State and Zip Code) | • • • |
| For further information concerning this matter, please call: | • |
| OLIVIA LEWIS at (561) 3/3-6/29> (Name of Person) (Area Code & Daytime Telephone Number) | |
| Enclosed is a check for the following amount: | |

MAILING ADDRESS:

\$25.00 Filing Fee and Certificate of Dissolution

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

☐ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

| 1. | The name of a limited liability company is OLIVIA LEWIS FINANCIAL, LLC |
|------------|--|
| 2. | The Articles of Organization were filed on |
| | document number <u>L13000021346</u> |
| 3. | The delayed effective date the dissolution if not effective on the date of filing: (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 505.0707, Florida Statutes, (copy 605.0707 on back cover letter). Fraudulent internet business. No profit or business occurred, only debt incourred by owner. (OLIVIA LEWIS) |
| | If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: OLIVIA LEWIS 5533 N. LEWIS RD. WEST PALM BEACH, FL. 33445 |
| 6. list | Signature of an authorized person or if there are no members, the signature of the person appointed and ed above to wind up the company's activities and affairs: |
| —(| OLIVIA LEWIS Printed Name FILING FEE: \$25.00 |
| | |