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(Re	equestor's Name)	
(Address)		
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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TO APR 12 /3 ID 22

SECRETANY OF STATE

TALLAHASSLE, FLORIDA

4/3/1605

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Southern Charm Solutions, 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:		
Lee Ann Stagg (Name of Person)		
Southern Charm Solutions (Firm/Company)		
50 emerald woods Dr # A Tig =		
(Address) Waples 7 34108 (City/State and Zip Code)		
(Name of Person) (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 Exception Solutions
2. The Articles of Organization were filed on <u>Suly</u> <u>ale</u> , <u>aol</u> and assigned
document number <u>13000</u> 105959
3. The delayed effective date the dissolution if not effective on the date of filing: 12-31-2014 (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).
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:
50 Emerald Woods Draffe
Naples, 7-L 34108 37 37
· Me 7 m
6. Signature of an authorized person or if there are no members, the signature of the person appointed and D listed above to wind up the company's activities and affairs:
Joelin Stagg hee Ann Stagg

FILING FEE: \$25.00