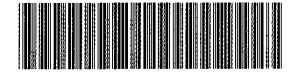
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SEGRETARY OF STATE
PALLAHASSEE, FLORINA

SEP 25 2015 S. YOUNG

COVER LETTER

| TO: | Registration Section Division of Corporations | |
|----------|--|---|
| SUBJE | | |
| | (Name of Limited I | Liability Company) |
| The end | losed Articles of Dissolution and fee(s) are submitted | for filing. |
| Please | eturn all correspondence concerning this matter to the | following: |
| | traniel futher | ousti. |
| | (Name o | f Person) |
| | (Firm/C | ompany) |
| | Z964 Killeurn | point d. |
| | | Iress) |
| | | POINT J. SEP 25 PH 12: 07 MIRESS) FILED AND SEP 25 PH 12: 07 MIZIP Code) |
| For furt | her information concerning this matter, please call: | ORDA |
| | (Name of Person) | at (YSO) CT>> > >>> > > > > > > > > > > > > > > |
| Enclose | l is a check for the following amount: | |
| <u> </u> | \$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 | Registration Section |
| | Division of Corporations | Division of Corporations |
| | P.O. Box 6327 Tallahassee, FL 32314 | Clifton Building 2661 Executive Center Circle |
| | Talialiassee, FL 32314 | 2001 Executive Center Circle |

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

| 1. | The name of a limited liability | y company is | | | | |
|-----------|--|--|--|--|---------------------------------|-----------------|
| | Elsewhere P | roductions | | | | ' |
| 2. | The Articles of Organization | were filed on | 11/19/13 | | _ and assigned | |
| | document numberL[3] | 000162456 | | | | |
| 3. | The delayed effective date the (effective date) Note: If the date inserted in this listed as the document's effective date. | ate cannot be prior to s block does not m | or more than 90 days eet the applicable s | s later than date a tatutory filing r | document is received for filing | īg) I not be |
| 4. | A description of occurrence the 605.0707, Florida Statutes, (co | hat resulted in the opy 605.0707 on | e limited liability back cover letter) | company's di | ssolution pursuant to se | ection |
| | maky lo. | n different | state- | | | |
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| | | | | | NA SA | P 2 |
| 5. | If there are no members, enter | r the name and ac | dress of the perso | on appointed | to wind up the company | A. |
| | activities and affairs: | ountel Rut | kowski z | .964 killer | va point a. BET | 12; 07 |
| | | · | | | | |
| | | | | | | |
| 6. lis | Signature of an authorized pe ted above to wind up the comp | rson or if there ar bany's activities a | re no members, th | e signature o | f the person appointed a | ind |
| | 1 | | | ownjel 1 | nettouski Name | |
| | Sionature | | | Printed | Name | |

FILING FEE: \$25.00

COVER LETTER

| | gistration Section vision of Corporations | | | |
|--------------|--|---------|----------------|-----|
| SUBJECT | Clsewhere Productions (LC | | | |
| | (Name of Limited Liability Company) | | | |
| The | A Adiston of Dissolution and Gos(a) are submitted for filing | | | |
| The enclose | ed Articles of Dissolution and fee(s) are submitted for filing. | | | |
| Please retur | n all correspondence concerning this matter to the following: | | | |
| | , | | | |
| | (Name of Person) | | | |
| | (Name of Person) | | | |
| | | ware ! | | |
| | (Firm/Company) | | क | • |
| | | | SER 33S | -17 |
| | 2964 Killeurn point U. | | 25 | 7 |
| | (Address) | HQ. | | |
| | Tallahassee FL 32312 | | P 25 PH 12: 07 | U |
| | (City/State and Zip Code) | | 0 | |
| For further | information concerning this matter, please call: | | 7 | |
| | (Name of Person) at (\(\frac{\fir}\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\f | | | |
| | (Name of Person) (Area Code & Daytime Telephone N | Vumber) | | |
| 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 enc | | | |
| | | | | |

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 liabil | ity company is | | | | |
|--|--|--|---|--|-------------------------------------|
| Elsenhere | Productions | | | | - |
| 2. The Articles of Organizatio | n were filed on | 11/19/13 | | and assigned | i |
| document number | 3000162456 | | | | |
| 3. The delayed effective date (effective Note: If the date inserted in listed as the document's effective date in the listed as the document's effective date. | date cannot be price this block does no | or to or more than 9 t meet the applica | 0 days later than date able statutory filing | e document is recei | ved for filing) is date will not be |
| 4. A description of occurrence 605.0707, Florida Statutes, | e that resulted in (copy 605.0707 | the limited liab on back cover l | oility company's o | dissolution purs | suant to section |
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| ø | | | | | SET SET |
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| | | | | | PH 12: 0 |
| 5. If there are no members, en | iter the name and | d address of the | person appointed | d to wind up the | e company's |
| activities and affairs: | ountel 1 | Authoristi | 2964 Will | enry point el | • |
| | | | | 1 | |
| | | <u> </u> | | | |
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| | | , , , | | | |
| | | | | | |
| 6. Signature of an authorized listed above to wind up the co | person or if ther mpany's activiti | re are no member es and affairs: | ers, the signature | of the person a | ppointed and |
| , | | | | | |
| | | | عدم)دا Print | Methouski | |
| Signature | | | Print | ed Name | |

FILING FEE: \$25.00