

From: Trust Pay Corporation Fax: (754) 300-1545 To: Fax: +1 (850) 617-6383 Page 1 of 3 08/03/2016 01:13 PM

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Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : TRUST PAY CORPORATION  
Account Number : J20140000092  
Phone : (786) 520-6788  
Fax Number : (754) 300-1545

LLC DISSOLUTION OR WITHDRAWAL  
BLESSED EXPERIENCE LLC

Certificate of Status	0
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2016 AUG -4 AM 10:43

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AUG 05 2016

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ARTICLES OF DISSOLUTION  
FOR  
**BLESSED EXPERIENCE LLC**  
(A Florida Limited Liability Company)

**FIRST:** The name of a Limited Liability Company is:  
**BLESSED EXPERIENCE LLC**

**SECOND:** The Articles of Organization were filed on **01/05/2015** and assigned document number **L15000001506**.

**THIRD:** The effective date of the dissolution: **08/10/2016**.

**FOURTH:** A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes.  
This Limited Liability Company never conducted any business.

**FIFTH:**

Dated: **August 10, 2016**.

Signature

(By a member or authorized representative of a member)

RENATA VELOSO ANTUNES  
MANAGER



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16 AUG -4 AM 9:55  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA



July 25, 2016

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

BLESSED EXPERIENCE LLC  
2421A N. UNIVERSITY DRIVE  
CORAL SPRINGS, FL 33065

SUBJECT: BLESSED EXPERIENCE LLC  
REF: L15000001506

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The effective date must be specific and cannot be prior to the date of filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris  
Regulatory Specialist II

FAX Aud. #: E16000176147  
Letter Number: 416A00015462

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