

120 000345367

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

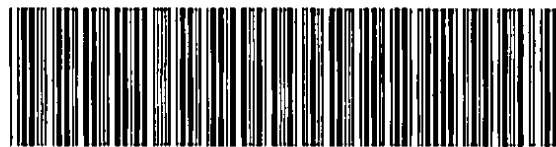
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
MAIL ROOM BUILDING

*Dissolution*

DEC 22 2021

D CUSHING

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 3CORE2 CERTIFICATION, 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:

Jan Marie Doughty, CPA

(Name of Person)

Jan Doughty, CPA

(Firm/Company)

3000 N. Atlantic Ave, Suite 208

(Address)

Cocoa Beach, FL 32931

(City/State and Zip Code)

For further information concerning this matter, please call:

Jan Doughty, CPA

321

784-8329

at (

(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 Address:

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is  
3CORE2 CERTIFICATION, LLC
2. The Articles of Organization were filed on 10/30/2020 and assigned  
document number L20000345367
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)  
**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).  
The LLC never began operations and there are no plans to. All members consent to dissolve the LLC.  
The LLC never began operations and there are no plans to. All members consent to dissolve the LLC.  
The LLC never began operations and there are no plans to. All members consent to dissolve the 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed  
above to wind up the company's activities and affairs:

  
\_\_\_\_\_  
Signature

DAVID HOLLANDORTH  
\_\_\_\_\_  
Printed Name

**FILING FEE: \$25.00**

SECRETARY OF STATE  
FLORIDA

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