

L21000126984

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

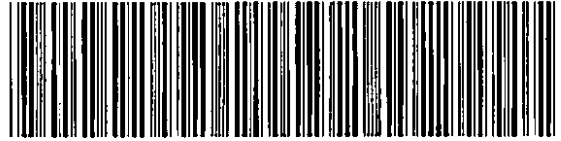
(Business Entity Name)

(Document Number)

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

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2022 MAR 23 AM 11:35

ALLAHASSEE, FLORIDA

2022 MAR 23 AM 9:29

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 565501 7270418  
AUTHORIZATION : *Eyliena Baker*  
COST LIMIT : \$ 25.00

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ORDER DATE : March 21, 2022  
ORDER TIME : 4:29 PM  
ORDER NO. : 565501-005  
CUSTOMER NO: 7270418

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DOMESTIC FILINGS

NAME: MHS EQUIPMENT, LLC

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker - EXT#

EXAMINER'S INITIALS: \_\_\_\_\_

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

1. The name of a limited liability company is  
MHS Equipment, LLC
2. The Articles of Organization were filed on 3/17/2021 and assigned  
document number L21000126984
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).  
Limited liability company created in error and has no members or assets  
Limited liability company created in error and has no members or assets  
Limited liability company created in error and has no members or assets
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:  
Kelly Bowen  
131 Griffin Way  
Mt. Washington, KY 40047
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:

Kelly Bowen  
Signature

Kelly Bowen  
Printed Name

**FILING FEE: \$25.00**