L21000126984

(Requestor's Name) (Address)							
						_	(Address)
	(City/State/Zip/Phone #)						
)	PICK-UP WAIT MAIL						
-	(Business Entity Name)						
(Document Number)							
C	Certified Copies Certificates of Status						
	Special Instructions to Filing Officer:						

Office Use Only

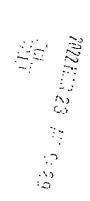


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ALLAHASSEE, FLORI

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Tallhassee, FL 32301 Phone: 850-558-1500							
ACCOUNT NO. : 12000000195							
REFERENCE : 565501 7270418							
AUTHORIZATION:							
COST LIMIT : \$ 25.00							
ORDER DATE: March 21, 2022							
ORDER TIME : 4:29 PM							
ORDER NO. : 565501-005							
CUSTOMER NO: 7270418							
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:

CORPORATION SERVICE COMPANY

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liab	The name of a limited liability company is					
MHS Equipment, LLC						
The Articles of Organization document number <u>L21000</u> The delayed effective date	0126984			-		
(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 605,0707, Florida Statutes.	ce that resulted in the limited , (copy 605,0707 on back co	liability company's ver letter).	dissolution pursuant to secti	ion		
	reated in error and has no memb					
Limited liability company cre	eated in error and has no membe	ers or assets	13.7 13.7	- 9899 - 1 - 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1-		
If there are no members, e activities and affairs:	enter the name and address of Kelly Bowen	the person appointe	ed to wind up the company's	,		
	131 Griffin Way		<i>ن.</i> م:			
	Mt. Washington, KY 4004	17				
Signature of an authorized above to wind up the compan	l person or if there are no me ny's activities and affairs:	mbers, the signature	of the person appointed and	Histed		
Kelly Bower	ı	Kelly Bowen		_		
Signature		Prin	ted Name			

FILING FEE: \$25.00