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**L23000245557311490**

Florida Department of State  
Division of Corporations  
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(((H23000245545 3)))



H230002455453ABC/

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To:

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

From:

Account Name : CAPITOL SERVICES, INC.  
Account Number : I20160000017  
Phone : (855)498-5500  
Fax Number : (800)432-3622

**LLC DISSOLUTION OR WITHDRAWAL  
KINGDOM WHOLESALING LLC**

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H23000245557**

Certificate of Status	0
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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
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JUL 14 2023

K. Brumby

H23000245545

KINGDOM WHOLESALING LLC  
1110 Hickory Hill Road  
Papillion, NE 68046

July 6, 2023

Florida Department of State  
Division of Corporations  
The Center of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

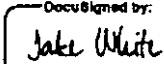
Re: Consent to Use of Same Name

Dear Sir or Madam:

Kingdom Wholesaling LLC (Document No. L23000311490) hereby consents to the use of the name Kingdom Wholesaling LLC, a Delaware limited liability company (the "Company") for purposes of the filing of an Application by a Foreign Limited Liability Company for Authorization to Transact business in Florida on behalf of the Company. Furthermore, the members of the Company are also the members of the existing Florida limited liability company.

Sincerely,

KINGDOM WHOLESALING LLC,  
a Florida limited liability company

By:   
Name: Jake White  
Its: Sole Member

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

H23000245545

1. The name of a limited liability company is  
KINGDOM WHOLESALING LLC
2. The Articles of Organization were filed on June 29, 2023 and assigned  
document number L23000311490
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).  
ALL THE MEMBERS HAVE CONSENTED TO THE DISSOLUTION OF THE COMPANY.

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:

DocuSigned by:

*Jake White*

C899D990/20431...

Signature

Jake White

Printed Name

FILING FEE: \$25.00

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