136034

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



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2018 SEP 20 PM 3: 11 SECRETARY OF STATE

C. GOLDEN SEP 2.1 2018

COVER LETTER

TO: Amendment Section Division of Corporations

| SUBJECT: DAVIS SALES & EXT | TINGUISHER SERVICE, INC. | | |
|---|---------------------------------------|---|--|
| DOCUMENT NUMBER: | 034 | | |
| The enclosed Articles of Dissolu | ution and fee are submitted for filin | ng. | |
| Please return all correspondence | concerning this matter to the follo | wing: | |
| SUSAN M. SIMPSON | | | |
| | (Name of Contact Person) | | |
| DAVIS SALES & EXTINGUISHER S | SERVICE, INC. | | |
| | (Firm/Company) | | |
| 11582 IL ROUTE 125 | | | |
| | (Address) | | |
| BEARDSTOWN, II. 62618-7813 | | | |
| | (City/State and Zip Code) | | |
| For further information concerni | ing this matter, please call: | | |
| JASON FLEMING | at (| | |
| (Name of Contact Per | son) (Area Code) | (Daytime Telephone Number) | |
| Enclosed is a check for the follow | wing amount: | | |
| □ \$35 Filing Fee □ \$43.75 Fili Certificate o | _ | S52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed) | |
| MAILING ADDRESS: | STR | STREET ADDRESS: | |

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

| FIRST: | The name of the corporation as currently filed with the Florida Department of State: DAVIS SALES & EXTINGUISHER SERVICE, INC. | | | | | |
|---------|--|----------------|-----------|------------|--|--|
| SECOND: | The document number of the corporation (if known): | | | | | |
| THIRD: | The date dissolution was authorized: 8/31/2018 | | | | | |
| | Effective date of dissolution if applicable: (no more than 90 days after dis- | solution f | le date) | | | |
| | <u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing renot be listed as the document's effective date on the Department of State's records. | | | | | |
| FOURTH: | Adoption of Dissolution (CHECK ONE) | | | | | |
| | Dissolution was approved by the shareholders. The number of votes was sufficient for approval. | s cast fo | or diss | olution | | |
| | ☐ Dissolution was approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve: | | | | | |
| | | | | | | |
| | | (voting group) | ASSEE. FL | 0 PM 3: 14 | | |
| | Signature: (By: director, president or other officer - if directors or officers have not been selected an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciate that fiduciary) | | | | | |
| | JASON FLEMING DASON Flowing | | | | | |
| | (Typed or printed name of person signing) | | | | | |
| | PRESIDENT (Title of person signing) | <u></u> | _ | | | |