

*Mr. White*

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

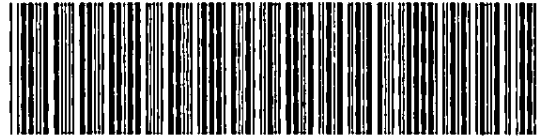
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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*VDW*

R. WHITE  
JAN 18 2018

FILED  
18 JAN 15 PM 2:24  
ST. LOUIS, MO  
FBI/DOJ

COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Dissolution of Provost & Partners, Inc.

**DOCUMENT NUMBER:** M29806

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

J. Robert Taglairino  
(Name of Contact Person)

Provost & Partners, Inc.  
(Firm/Company)

75 SW 15th RD  
(Address)

Miami, FL 33129  
(City/State and Zip Code)

For further information concerning this matter, please call:

J. Robert Taglairino at (305-858-5461)  
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$35 Filing Fee     \$43.75 Filing Fee & Certificate of Status     \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)     \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

**MAILING ADDRESS:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**  
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:
Prowest & Partners, Inc.

SECOND: The document number of the corporation (if known): M29806

THIRD: The date dissolution was authorized: October 31, 2017

Effective date of dissolution if applicable: December 31, 2017

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.

FOURTH: Adoption of Dissolution (CHECK ONE)

- Checked box: Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.
Unchecked box: 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:

The number of votes cast for dissolution was sufficient for approval by

(voting group)

Vertical stamp: 18 JAN 16 PM 2:24

Signature: [Handwritten signature] president
(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

J. Robert Taglairino

(Typed or printed name of person signing)

President: [Handwritten signature] president
(Title of person signing)

Filing Fee: \$35

## Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "*Notice of Corporate Dissolution*" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: Provost & Partners, Inc.

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the *Articles of Dissolution*.

Description of information that must be included in a claim:

Copy of authorized order with signature of corporate officer ordering product, service or fee.

Proof of delivery of product or service specifically as ordered.

No services, fees or orders alleged after suspension of business/operations will be considered. Operations suspended 12/31/15

Provost & Partners, Inc. forfeited all assets on 9/30/15. Any taxation claims on assets owned after 9/30/15 are invalid.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Mailing Address: 75 SW 15th RD, Miami, FL 33129. Physical address: 75 Broadway, Miami, FL 33129

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

J. Robert Taglairino

Printed Name of the Person Filing

  
Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00