Requester's Name S230 Water Valley Dr. Address Tallahassee, FL. 37303 877 City/State/Zip Phone #	04301 OIOCT-8 PMI2: 43 SEUNE IARY OF STATE TALLAHASSEE. FLORIDA
	Office Use Only
CORPORATION NAME(S) & DOCUM	ENT NUMBER(S), (if known):
1 Disability Apex Inc.	NO1000004301
(Corporation Name)	(Document #)
2(Corporation Name) 3	(Document #) (Document #) (Document #)
(Corporation Name)	PORATIO
(Corporation Name)	(Document #)
☐ Walk in ☐ Pick up time ☐ Mail out ☐ Will wait	☐ Photocopy ☐ Certificate of Status
NEW FILINGS Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS -10/08/0101065033 ****122.50 ******35.00 Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
OTHER FILINGS Annual Report Fictitious Name	REGISTRATION/QUALIFICATION Foreign Limited Partnership Reinstatement Trademark Other
	Examiner's Initials

FILED

01 OCT -8 PM 12: 43

ARTICLES OF DISSOLUTION

SEURE IARY OF STATE TALLAHASSEE, FLORIDA

Pursuant to section 617.1401, Florida Statutes, this Florida not for profit corporation submits the following Articles of Dissolution:

FIRST: The name of the corporation is	
SECOND: The articles of incorporation were filed on	
THIRD: The corporation has not commenced to conduct its affairs.	
FOURTH: No debts of the corporation remain unpaid.	
FIFTH: Adoption of dissolution (CHECK ONE) (Note: Cannot be authorized by an incorporator if the corporation has directors)	
☐ The dissolution was authorized by a majority of the directors: OR ☐ The dissolution was authorized by an incorporator.	
☐ The dissolution was authorized by a majority of the incorporators.	
Signed this 8 th day of October , \$\mu 2001.	
Signature (By the Chairman or Vice Chairman of the Board of Directors, President or other officer - if Directors have not been selected by an incorporator.) LISA Clarke Lawrence Typed or printed name	
Director Incorporator	