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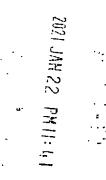
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only



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COVER LETTER

TO: Amendment Section	<i>"</i> •
Division of Corporations	
Division of Corporations	
SUBJECT: Articles of	Dissoldian
DOCUMENT NUMBER: N120	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
The enclosed Articles of Dissolution and fee	are submitted for filing.
Please return all correspondence concerning to	this matter to the following:
Michele Rar	ney
(Apol/ita)	Contact Person)
(Firm	VCompany)
1510 Alexan	tha W. S:
Jackson VIIIe,	ddress) 7 3000
(City/State	e and Zip Code)
For further information concerning this matter	er, please call:
Michele Ramey	at (904) 814 3571
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount	t:
1 \$35 Filing Fee □ \$43.75 Filing Fee & □\$43.	75 Filing Fee & □\$52.50 Filing Fee, Certificate of
Certificate of Status Cer	rtified Copy Status & Certified Copy (Additional copy is enclosed)
Mailing Address:	Street Address:
Amendment Section	Amendment Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
- GGRIGOUPH, A SH C MIC I I	mile in mile on one of control of o

Tallahassee, FL 32303

ARTICLES OF DISSOLUTION

Pursuant to section 617.1403, Florida Statutes, this Florida not for profit corporation submits the following Articles of Dissolution:

FIRST:	The name of the corporation as currently filed with the Florida Department of State:		
	111200000000000000000000000000000000000		
SECOND:	The document number of the corporation (if known):		
THIRD:	Adoption of Dissolution (COMPLETE SECTION I OR II)		
	SECTION I If the corporation has members entitled to vote:		
	(CHECK/COMPLETE ONE) ☐ The date of meeting of members at which the resolution to dissolve was adopted ☐		
	The number of votes cast by the members was sufficient for		
	approval To		
with	The resolution was adopted by written consent of the members and executed in accordance		
	section 617.0701, Florida Statutes.		
	SECTION II If the corporation has no members or members entitled to vote on the dissolution:		
	The corporation has no members or members entitled to vote on the dissolution.		
	The date of adoption of the resolution by the board of directors was		
	The number of directors in office was and the vote for resolution was for and against. (Must be a majority vote)		
FOURTH	Effective date of dissolution, if applicable: (no more than 90 days after dissolution file date)		
	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 (he pepartment of State's records.		
	Signature: (By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)		
	(Typed or printed name of person signing)		
	(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. 617.1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution. 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: Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 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. Signature of the Person Filing