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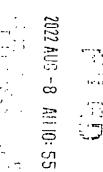
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COVER LETTER

The Centre of Tallahassee

P.O. Box 6327

ARTICLES OF DISSOLUTION

| Pursuant to Articles of l | section 617.1403, Florida Statutes, this Florida not for profit corporation submits the following Dissolution: | | |
|------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| FIRST: | The name of the corporation as currently filed with the Florida Department of State: | | |
| | Port Sant Lucie Volunteer ambulance Service In | | |
| SECOND: | The document number of the corporation (if known): N/b 0000 7/19 | | |
| 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 | | |
| | 05/11/2022. The number of votes cast by the members was sufficient for approval. | | |
| 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. \mathcal{O}_1 | | |
| | 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: 08/10/2022 (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 the Department of State's records. | | |
| | Signature: Jewac / a 3 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | |
| | (Typed or printed name of person signing) | | |
| | (Typed or printed name of person signing) (Title of person signing) | | |
| | (Title of person signing) | | |