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COVER LETTER

TO: Amendment Section

MAILING ADDRESS:

Division of Corporations

Tallahassee, FL 32314

Amendment Section

P.O. Box 6327

Division of Corporations

SUBJECT: DISSOLVE RECOVER AMERICA IN	С		
DOCUMENT NUMBER: N1600000801			
The enclosed Articles of Dissolution and fee	are submitted for fi	iling.	
Please return all correspondence concerning th	is matter to the fol	lowing:	
SYLVIA MIKLOS			
(Name of C	Contact Person)		
RECOVER AMERICA			
·	Company)		
900 OSCEOLA DRIVE SUITE 200			
(Ad	dress)		
WEST PALM BEACH, FL 33409			
(City/State	and Zip Code)		
For further information concerning this matter	, please call:		
SYLVIA MIKLOS	at (561	670-0068	
(Name of Contact Person)	at () (Area Code)	(Daytir	ne Telephone Number)
Enclosed is a check for the following amount:			
■ \$35 Filing Fee □ \$43.75 Filing Fee & Certificate of Status	\$43.75 Filing F Certified Copy (Additional copenclosed)		\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

STREET ADDRESS:

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Amendment Section

Clifton Building

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: RECOVER AMERICA INC The document number of the corporation (if known): SECOND: 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. The resolution was adopted by written consent of the members and executed in accordance with 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 $\frac{1/1/2017}{1}$ The number of directors in office was ³ and the vote for resolution was $\frac{3}{2}$ and 0 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 the Department 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) SYLVIA MIKLOS (Typed or printed name of person signing) **VPSD**

Filing Fee: \$35

(Title of person signing)