

11/20/2018

P0000038193

Division of Corporations
Florida Department of State
 Division of Corporations
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To:

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From:

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 Account Number : 076117000420
 Phone : (561)650-0728
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**DISSOLUTION OR WITHDRAWAL
 THE SOLUTION ASSOCIATES INC.**

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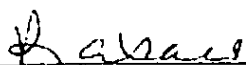
**ARTICLES OF DISSOLUTION
OF
THE SOLUTION ASSOCIATES INC.
(A Florida Profit Corporation)**

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation, submits the following Articles of Dissolution:

1. The name of the corporation as currently filed with the Florida Department of State is: The Solution Associates Inc. (the "Corporation").
2. The document number of the Corporation is P00000038193.
3. The filing date of the Articles of Incorporation was April 14, 2000.
4. Upon recommendation of the sole member of the board of directors of the Corporation, the dissolution of the Corporation was authorized by the written consent of the sole shareholder of the Corporation dated as of May 31, 2018.
5. The Articles of Dissolution shall be effective as of the filing of same with the Florida Department of State.

DATED: November 20, 2018

THE SOLUTION ASSOCIATES INC.

By: 
Name: Kimberly A. Bald
Title: President

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TALLAHASSEE, FLORIDA

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NOTICE OF CORPORATE DISSOLUTION

This Notice of Corporate Dissolution is submitted by the dissolving corporation named below for resolution of payment of unknown claims against this corporation as provided in Section 607.1407, Florida Statutes.

Name of Corporation: The Solution Associates Inc.

Document Number of Corporation: P00000038193.

Date of Dissolution: The date the Articles of Dissolution is filed with the Department of State.

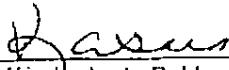
Description of Information that must be included in a written claim: The information that must be included in a claim submitted pursuant to this Notice shall be as follows:

- (a) Name, address and telephone number of claimant.
- (b) Amount of claim, including, if applicable, principal, interest, penalties or other fees or charges.
- (c) A statement of the basis for the claim.
- (d) A copy of any and all writings evidencing the claim or upon which the claim is based.
- (e) A statement of whether or not the claimant has other claims against the corporation or its directors, officers, agents or representatives, in their capacities as such, and, if the claimant states that the claimant has other claims, a statement of whether or not such other claims are being submitted pursuant to this Notice, or if such other claims will not be so submitted, a statement as to the reason why.

Mailing address where claims can be sent: A claim submitted pursuant to this Notice shall be mailed by certified or registered mail, return receipt requested, postage prepaid, to the following party: The Solution Associates, Inc., PO Box 292803, Temple Terrace, Florida 33617. Attn: Leslie Strange.

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.

THE SOLUTION ASSOCIATES INC.

By: 
Name: Kimberly A. Bald
Title: President