Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000105600 3)))



H160001056003ABCT

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)205-8842 Fax Number : (850)878-5368

DISSOLUTION OR WITHDRAWAL QUAIL HOLLOW INVESTMENT GROUP, INC.

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$35.00 |

Electronic Filing Menu

Corporate Filing Menu

Help -5

APR 2 9 2016

D CONNELL

COVER LETTER

| Division of Corporations | • |
|---|---|
| SUBJECT: Quail Hollow Investment Group, In | nc. |
| DOCUMENT NUMBER: P00000084298 | |
| The enclosed Articles of Dissolution and | fee are submitted for filing. |
| Please return all correspondence concernin | ng this matter to the following: |
| John Bruton | |
| (Name of | Contact Person) |
| Nexsen Pruet, LLC | |
| (Fir | m/Company) |
| 1230 Main Street, Suite 700 | |
| (A | Address) |
| Columbia, SC 29201 | |
| (City/St | ate and Zip Code) |
| For further information concerning this ma | atter, please call: |
| John Bruton | at (⁽⁸⁰³⁾⁻⁵⁴⁰⁻²¹⁸⁶ |
| (Name of Contact Person) | (Area Code) (Daytime Telephone Number) |
| Enclosed is a check for the following amount | unt: |
| ■ \$35 Filing Fee □ \$43.75 Filing Fee & Certificate of Status | □ \$43.75 Filing Fee & □ \$52.50 Filing Fee, Certified Copy (Additional copy is enclosed) □ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed) |
| MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Taliahassee, FL 32314 | STREET ADDRESS: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 |

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

| FIRST: | The name of the corporation as currently filed with the Florida Department of State: Quail Hollow Investment Group, Inc. | | |
|---------|---|--|--|
| SECOND: | The document number of the corporation (if known): | | |
| THIRD: | The date dissolution was authorized: April 28, 2016 | | |
| | Effective date of dissolution if applicable: Ven time (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. | | |
| FOURTH: | Adoption of Dissolution (CHECK ONE) | | |
| | Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval. | | |
| | ☐ Dissolution was approved by the shareholders through voting groups. | | |
| | The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve: | | |
| | The number of votes cast for dissolution was sufficient for approval by | | |
| | | | |
| | (voting group) | | |
| | | | |
| \$ | (By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary) | | |
| | Mîchael E. Calandra | | |
| | (Typed or printed name of person signing) | | |
| | Treasurer and Secretary | | |
| | (Title of person signing) | | |

4/28/2016 11:35:18 AM From: To: 8506176380(4/4)

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. 607.1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution. Quail Hollow Investment Group, Inc. Name of Corporation: 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: All persons with claims against the Corporation, if any, are requested to present them in writing to the Corporation at 16 Pinckney Road, Georgetown, South Carolina 29440. Presentation of such claims, if any, must include the identity of the claimant, the claimant's mailing address and telephone number, the amount of the claim, and a reasonable description of the facts (together with a copy of any relevant contract) from which the claim arose. A claim against the Corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the date of the filing of this Notice. Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 16 Pinckney Road Georgetown, South Carolina 29440 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. Michael E. Calandra, Treasurer and Secretary

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00

Printed Name of the Person Filing