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TA // AHASSEE, F/. City/State/Zip	85 <i>0-656-4642</i> Phone #	TALLAHASSEE, FLOI
		Office Use Only
CORPORATION NAME(S) &	DOCUMENT NUMBER(S), (if known):
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NEW FILINGS	<u>AMENDMENTS</u>	•
Profit V, J	Amendment	'
Not for Profit		f R.A., Officer/Director
Limited Liability	(PA) Lange of Re	gistered Agent
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OTHER FILINGS	REGISTRATION	of R.A., Officer/Director Story of R.A., Officer/Director Story of Corporation of Corporation of Corporation of Corporation of Story of Corporation of Co
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ODOFOOT (FIOR)		Examiner's Initials
CR2E031(7/97)		

ARTICLES OF DISSOLUTION

01 JUL 17 AM 10: 43

Pursuant to 607.1401, Florida Statutes, this Florida profit corporation submits the following of STATE IALLAHASSEE, FLORIDA

FIRST:	The name of the corporation is:	en e
_MI	CHAEL T. CochrAN, P.A.	
		week to star of the
SECOND:	The filing date of the articles of incorporation was: MAY 14, 200/	
THIRD:	(CHECK ONE)	
	None of the corporation's shares have been issued.	
	☐ The corporation has not commenced business.	
FOURTH:	No debt of the corporation remains unpaid.	
FIFTH:	The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.	
SIXTH:	Adoption of Dissolution (CHECK ONE)	
	A majority of the incorporators authorized the dissolution.	
	A majority of the directors authorized the dissolution.	
Sign	ed this $17\frac{4}{4}$ day of $\frac{\sqrt{u}}{\sqrt{u}}$, $\frac{200}{\sqrt{u}}$.	- · · · · · · · · · · · · · · · · · · ·
Signature		
	(By the chairman or vice chairman of the board, president, or other officer - if there are no officers or directors, by an incorporator.)	
_	MICHAEL T. Cochran (Typed or printed name)	
_	DIVECTOR / I	1 4 4 - 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1