

PO200000980

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

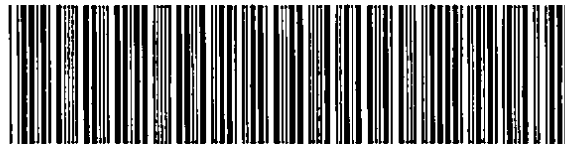
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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T. LEMIEUX

DISS

EDERICK R. MACLEAN
NE B. MACLEAN
RISTOPHER J. EMA
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LSO ADMITTED IN ILLINOIS

MACLEAN & EMA P.A.

Attorneys and Counselors at Law

OF COUNSEL
ARLENE LAKIN
BOARD CERTIFIED
ELDER LAW

August 3, 2017

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: NELCOLEASE, INC. (Document Number P02000009810)


Dear Sir or Madam,

The enclosed Articles of Dissolution and Notice of Corporate Dissolution are submitted by Nelcolease, Inc., for filing with the Florida Department of State. Also enclosed is a check in the amount of \$35.00 as the filing fee for same.

If you have any questions concerning this submission, please feel free to call the undersigned.

Very Truly Yours,

MACLEAN & EMA, P.A.


Adan A. Aulet, Jr.
For the Firm

Encl. as noted.

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:
NELCOLEASE, INC.

SECOND: The document number of the corporation (if known): P02000009810

THIRD: The date dissolution was authorized: August 1, 2017

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.

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)

Signature: _____

(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)

Susan Nelson

(Typed or printed name of person signing)

President

(Title of person signing)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA