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COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: Voluntary Corporation Dissolution			
DOCUMENT NUMBER: P02000012738			
The enclosed Articles of Dissolution and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Jerry W. McLendon (Name of Contact Person)			
(Firm/Company) 1455 Champions Green Drive			
Gulf Breeze, FL 32563			
(City/State and Zip Code)			
For further information concerning this matter, please call:			
Jerry W. McLendon _{at (} 850) 261-5909			
(Name of Contact Person) (Area Code & Daytime Telephone Numb	er)		
Enclosed is a check for the following amount:			
□ \$35 Filing Fee □ \$43.75 Filing Fee & Certificate of Status □ \$43.75 Filing Fee & Certificate of Status □ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed) (Additional copy is enclosed)			
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, 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:					
	Emerald Coast Business Forms, Inc.					
SECOND:	The document number of the corporation (if known): P0200001273	the document number of the corporation (if known): P02000012738				
THIRD:	The date dissolution was authorized: March 10, 2014					
	Effective date of dissolution if applicable: March 31, 2013 (no more than 90 days after dissolution fi	ila data)				
FOURTH:	Adoption of Dissolution (CHECK ONE)	,				
	Dissolution was approved by the shareholders. The number of votes cast for was sufficient for approval.	or dissolution				
	☐ Dissolution was approved by the shareholders through voting groups.					
	The following statement must be separately provided for each voting group en to vote separately on the plan to dissolve:	titled				
	The number of votes cast for dissolution was sufficient for approval by	基当				
	N/A					
	(voting group)	™ 12: 07				
	Signature:					
	(By 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)					
	Jerry W. McLendon					
	(Typed or printed name of person signing)					
	President					
	(Title of person signing)					

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.

Name of Corporation: Emerald Coast Business Forms, Inc.

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:

Details of the claim including, but not limited to, a complete description of goods and/or services related to the claim, written proof of the validity of the claim, and written proof that the goods and/or services related to the claim were authorized in writing by an officer of the corporation.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

1455 Champions Green Drive Gulf Breeze, FL 32563

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.

Jerry W. McLendon (President)

Printed Name of the Person Filing

Signature of the Person Filming

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