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PICK-UP	WAIT	MAIL
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Mr.

R. WHITE 00T 19 2018

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: DISSOLATION of FOR PROFIT CORPORATION
DOCUMENT NUMBER: P0200026441
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
ANTHONY R. PARRISH JR. Pres. (Name of Contact Person)
WESTWIND INC (Firm/Company)
3444 MAIN HIGHWAY SUITE 7 (Address)
MIAMI FLA 33133 (City/State and Zip Code)
For further information concerning this matter, please call:
ANTHONY R. PAIRISH at (305_588-5209 (Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount:
Certificate of Status Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional copy is enclosed) Certified Copy (Additional copy is enclosed)
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 MAILING 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:
	WESTWIND, INC.
SECOND:	The document number of the corporation (if known): P0206002644 /
THIRD:	The date dissolution was authorized: OCT 11, 2018
	Effective date of dissolution <u>if applicable</u> : OCT 21, 2018 (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 entitle to vote separately on the plan to dissolve:
	The number of votes cast for dissolution was sufficient for approval by
	(voting group)
	Signature: And Response Response to the following Response to the foll
	ANTHONY R. PARRISH JR. (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: WESTWIND, INC.
Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the <i>Articles of Dissolution</i> .
Description of information that must be included in a claim:
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
WESTWIND, INC
C/O A. PARRYSH
3444-7 MAIN HWY
3444-7 MAIN HWY MIAMI FE. 33133
A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commence within 4 years after the filing of this notice.
ANTHONY R. PARRISH, Jr Allauis
Printed Name of the Person Filing Signature of the Person Filing