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COVER LETTER

O: Amendment Section Division of Corporations
UBJECT:
OCUMENT NUMBER:
the enclosed Articles of Dissolution and fee are submitted for filing.
lease return all correspondence concerning this matter to the following:
Jim Dodge (Name of Contact Person)
(Name of Contact Person)
Jim Dodge Well Service INC. (Firm/Company)
3849 LAZY LANE
(Address)
GROVELAND 7L 34736 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
Tim Dolge at (407 299-8090 (Name of Contact Person) (Area Code) (Daytime Telephone Number
Enclosed is a check for the following amount:
S35 Filing Fee S43.75 Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee, Certificate of Status 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 Street Address: Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF DISSOLUTION

2024 APR 24 PM 4:30

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:
	Jim Dodge Well Service INC.
SECOND:	Tim Dodge Well Service INC. The document number of the corporation (if known): P020000 6529.
THIRD:	The date dissolution was authorized:
	Effective date of dissolution if applicable: 4-24-24 (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:	Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.
	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)
	Jim Dodge
	(Typed or printed name of person signing)
	(Title of person signing)
	(Title of person signing)

Filing Fee: \$35