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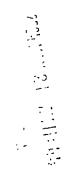
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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Corporate Dissolution		
DOCUMENT NUMBER: P02000120937		
The enclosed Articles of Dissolution and	fee are submitted for filing	
Please return all correspondence concernit	ng this matter to the follow	ing:
Don Throgmartin		
(Name of	(Contact Person)	
Bluewater of Lee County, Inc.		
(Fir	m/Company)	
214 Shadroe Cove Circle #104		
(4	Address)	
Cape Coral, FL 33991		
(City/St	ate and Zip Code)	
For further information concerning this ma	atter, please call:	
Don Throgmartin	at (
(Name of Contact Person)	(Area Code)	Daytime Telephone Number)
Enclosed is a check for the following amo	ount:	
■ \$35 Filing Fee □ \$43.75 Filing Fee & Certificate of Status		☐ \$52.50 Filing Fee, Certificate of Status & 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

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: Bluewater of Lee County, Inc.			
SECOND:	The document number of the corporation (if known):			
THIRD:	The date dissolution was authorized: April 30, 2024	_		
	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 not be listed as the document's effective date on the Department of State's records.	– : will		
FOURTH:	Dissolution was approved by the shareholders, in the manner required by this chapter an the articles of incorporation.	d		
	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) Don Throgmartin	_		
	(Typed or printed name of person signing)	_		
	President 28			
	President (Title of person signing)	_		
	Filing Fee: \$35			