

| (Requestor's Name) | | |
|---|--|--|
| (Address) | | |
| (Address) | | |
| (City/State/Zip/Phone #) | | |
| PICK-UP WAIT MAIL | | |
| (Business Entity Name) | | |
| (Document Number) | | |
| Certified Copies Certificates of Status | | |
| Special Instructions to Filing Officer: | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



900223762319

03/05/12--01037--027 *

****43.75**

12 MAR -5 PM 4: 28

AND DISS CUS 10, 3/1/2

COVER LETTER

TO: Amendment Section

Tallahassee, FL 32314

| Division of Corporations | | |
|---|--|--|
| SUBJECT: Dissolution of Flor | ida Corporation. | |
| DOCUMENT NUMBER: | | |
| The enclosed Articles of Dissolution and fee are sub- | mitted for filing. | |
| Please return all correspondence concerning this matt | er to the following: | |
| JAMES M. MANCENGE (Name of Contact Pe | ·kh. | |
| | | |
| JMM MANAGEMENT ENTERPRISES, INC. (Firm/Company) | | |
| | | |
| 5 CAlhoun Ave, Suite 203 | | |
| . (11444-000) | | |
| · Nestin, FL, 3254/ (City/State and Zip Code) | | |
| For further information concerning this matter, please call: | | |
| JAMES MANCENGY/ at (706) 499-0-186 | | |
| (Name of Contact Person) (Area Code & Daytime Telephone Number) | | |
| Enclosed is a check for the following amount: | | |
| Certificate of Status Certifie | nal copy is Certified Copy | |
| MAILING ADDRESS: | STREET ADDRESS: | |
| Amendment Section | Amendment Section Division of Corporations | |
| Division of Corporations P.O. Box 6327 | 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: | | |
|---------|---|-----------------|--|
| | JMM MANAGEMENT ENTERPRISES, INC. | | |
| SECOND: | The document number of the corporation (if known): 1903000666 | 286 | |
| THIRD: | The date dissolution was authorized: 12/31/2011 | | |
| | Effective date of dissolution if applicable: /2/31/20// (no more than 90 days after dissolution | file date) | |
| FOURTH: | Adoption of Dissolution (CHECK ONE) | | |
| | Dissolution was approved by the shareholders. The number of votes cast was sufficient for approval. | for dissolution | |
| | Dissolution was approved by the shareholders through voting groups. | | |
| | The following statement must be separately provided for each voting group ento vote separately on the plan to dissolve: | ntitled | |
| | The number of votes east for dissolution was sufficient for approval by | | |
| | | . 9 | |
| | . (voting group) | 12 MAR -5 | |
| | Signature: Au Macual Area (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) | PM 4: 28 | |
| | TAMES M. MANCENG! | , | |
| | President | | |
| | (Title of person signing) | | |

Filing Fee: \$35