P03000072395

| (Re | equestor's Name) | | |
|---|--------------------|-----------------|--|
| (Ad | idress) | | |
| (Ad | dress) | | |
| (Cit | ty/State/Zip/Phone |) #) | |
| PICK-UP | ☐ WAIT | MAIL | |
| - (Bu | siness Entity Nam | ne) | |
| (Document Number) | | | |
| Certified Copies | _ Certificatès | of Status | |
| Special Instructions to Filing Officer: | | | |
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SECRETARY OF STATE

SHAPPERS OF STATE

Diss. TB 7-8-09

COVER LETTER

| Division of Corporations | | | | |
|--|--|--|--|--|
| SUBJECT: PBAR GROUP | | | | |
| DOCUMENT NUMBER: P03000072395 | | | | |
| The enclosed Articles of Dissolution and fee are submitted for filing. | | | | |
| Please return all correspondence concerning this matter to the following: | | | | |
| Angela Metcarfe (Name of Contact Person) PBAR GROUP | | | | |
| (Name of Contact Person) | | | | |
| PBAR GROUP | | | | |
| (Firm/Company) | | | | |
| 1801 Lemon Are (Address) | | | | |
| (Address) | | | | |
| RISSIMMER FL 34746 | | | | |
| RISSIMMER FL 34746. (City/State and Zip Code) | | | | |
| For further information concerning this matter, please call: | | | | |
| Angela Metcate at (407) G62 6430 (Name of Contact Person) (Area Code & Daytime Telephone Number) | | | | |
| Enclosed is a check for the following amount: | | | | |
| \$35 Filing Fee \$\bigcup \\$43.75 Filing Fee & \$\bigcup \\$43.75 Filing Fee & \$\bigcup \\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed) \$\bigcup \\$43.75 Filing Fee & \$\bigcup \\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed) | | | | |
| MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 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 PBAR GROUP, INC. | of State: | | | |
|---------|---|---|----------|--|--|
| SECOND: | The document number of the corporation (if known): PO30007 | 2395 | - | | |
| THIRD: | The date dissolution was authorized: 6 27 09 | | _ | | |
| | Effective date of dissolution <u>if applicable</u> : 6 2 09 (no more than 90 days after dissolution) | on tile date) | _ | | |
| FOURTH: | Adoption of Dissolution (CHECK ONE) | | | | |
| | Dissolution was approved by the shareholders. The number of votes cas was sufficient for approval. | t for dissolut | ion | | |
| | Dissolution was approved by the shareholders through voting groups. | | | | |
| | The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve: | | | | |
| | The number of votes cast for dissolution was sufficient for approval by | SECK SECK | 77 | | |
| | (voting group) | L-6 PH 12: 24 ETARY OF STATE HASSEE. FLORID | トロフ | | |
| | 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) | 7 | | | |
| | ANGELAMETCALFE | | | | |
| | (Typed or printed name of person signing) | | | | |
| | SECLETARY | | | | |
| | (Title of person signing) | | | | |

Filing Fee: \$35