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Division of Corporations

Fax Number :

: (850)617-6380

From:

Account Name : FISHER, TOUSEY, LEAS & BALL

Account Number : 119990000921 Phone : (904)356-2600 Fax Number : (904)355-0233

DISSOLUTION OR WITHDRAWAL

RPS-SJC, INC.

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H18000139344

ARTICLES OF DISSOLUTION

of

RPS-SJC, INC.

FILED

18 MAY -3 AH 9:

Pursuant to Section 607.1403, Florida Statutes, RPS-SJC, Inc., a Florida corporation (the "Corporation"), submits the following Articles of Dissolution:

ARTICLE J

The name of the corporation is **RPS-SJC**, **Inc.** The document number for the Corporation is P04000002180.

ARTICLE II

The voluntary dissolution of the Corporation is authorized as of ____ May 3 ___ 2018.

ARTICLE III

The dissolution of the Corporation was approved by the shareholders of the Corporation holding a majority of the issued and outstanding stock of the Corporation entitled to vote.

ARTICLE IV

These Articles of Dissolution shall become effective on May 3, 2018, except that if these Articles are not filed by the Department of State of the State of Florida on or before such date, corporate dissolution shall become effective upon filing by the Department of State, and the Corporation shall be dissolved as of such date.

ARTICLE V

Pursuant to Section 607.1407, Florida Statutes, a Notice of Dissolution of the Corporation is attached as EXHIBIT A.

Signed this 3 day of May, 2018.

lames L. Cashwell, President

To:8506176380

H18000139344

EXHIBIT A

NOTICE OF DISSOLUTION OF RPS-SJC, INC.

This Notice of Dissolution is submitted by RPS-SJC, Inc., a Florida corporation (the "Corporation"), for resolution of payment of unknown claims against the Corporation as provided in Section 607.1407, Florida Statutes.

ARTICLE I

The name of the Corporation is RPS-SJC, Inc.

ARTICLE II

The effective date of the voluntary dissolution, as specified in the Articles of Dissolution filed with the Florida Department of State, is ______, 2018.

ARTICLE III

Claims against the Corporation should be submitted to the address listed below. The following information must be included in each claim:

- 1. The name, address and telephone number of the claimant, and the name, address and telephone number of the claimant's attorney, if any. If the claimant is not represented by an attorney, the preferred method by which the claimant may be contacted.
- 2. A description of the claim, including a summary of the facts giving rise thereto and the claimant's reason to believe the Corporation is liable therefor.
 - The harm suffered by claimant.

ARTICLE IV

Claims should be mailed to the Corporation at the following address:

RPS-SJC, Inc. 143 Parkside Drive St. Augustine, Florida 32095

ARTICLE V

Claims against the Corporation will be barred unless a proceeding to enforce the claim is commenced within four (4) years after the filing of this Notice of Dissolution.

James L. Cashwell, President