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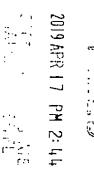
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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: DISSOLUTION of CORPOYATION
DOCUMENT NUMBER:
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
CAMÜLE PERRIN (Name of Contact Person)
M Squared Plumbing Service: (Firm/Company)
14115 BROKEN WING VONE
Ralm BEACH Code) (Address) (City/State and Zib Code)
For further information concerning this matter, please call:
CAMILLE PERRICO at (501 386 1313 (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$\tops\\$43.75 Filing Fee & Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & \$\tops\\$52.50 Filing Fee, Certified Copy (Additional copy is enclosed)
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

The name of the corporation as currently filed with the Florida Department of State:
m Squared Plumbing SERVICE
The document number of the corporation (if known): POA OOO 26 220
The date dissolution was authorized: 00031. 2018
Effective date of dissolution if applicable: QCC 31. 2018
(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.
Adoption of Dissolution (CHECK ONE)
Dissolution was approved by the shareholders. The number of votes east for dissolution was sufficient for approval.
☐ 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
(voting group)
20 20 C
Signature: Camille Poerin,
(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)
CAMILLE PERRIN
(Typed or printed name of person signing)
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