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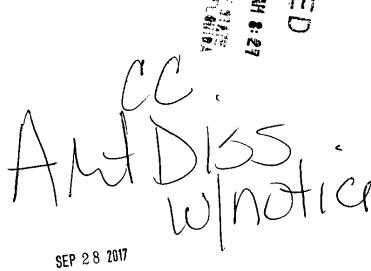
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Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		
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COVER LETTER

TO: Amendment Section

Division of Corporations COASTAL HOUSING SYSTEMS, INC. SUBJECT: P04000026933 **DOCUMENT NUMBER:** The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: William Trick (Name of Contact Person) William Watson Trick, Jr., P.A. (Firm/Company) 1216 East Atlantic Blvd., Suite 7 (Address) Pompano Beach, FL 33060 (City/State and Zip Code) For further information concerning this matter, please call: William Trick (Area Code) (Daytime Telephone Number) (Name of Contact Person) Enclosed is a check for the following amount: □ \$35 Filing Fee □ \$43.75 Filing Fee & ■ \$43.75 Filing Fee, Certificate of Status Certificate of Status & Certified Copy (Additional copy is Certified Copy enclosed) (Additional copy is enclosed) **MAILING ADDRESS:** STREET ADDRESS: Amendment Section **Amendment Section Division of Corporations Division of Corporations** P.O. Box 6327 Clifton Building Tallahassee, FL 32314 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: COASTAL HOUSING SYSTEMS, INC. The document number of the corporation (if known): P04000026933				
SECOND:					
THIRD:	The date dissolution was authorized: September 22, 2017				
	Effective date of dissolution <u>if applicable:</u> (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.				
FOURTH:	Adoption of Dissolution (CHECK ONE)				
	■ Dissolution was approved by the shareholders. The number of votes cast 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)				
	Signature:				
	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)				
	Dr. James Bicher				
	(Typed or printed name of person signing)				
	President				
	(Title of person signing)				

Filing Fee: \$35

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: COASTAL HOUSING SYSTEMS, INC.	
Date of dissolution will be the date the dissolution is filed with the Department of the Articles of Dissolution.	rtment of State or as
Description of information that must be included in a claim:	
The date the claim arose.	
The facts supporting the claim.	
A list of the names, addresses, telephne numbers, addresses, and email addresses	es of
each person having knowledge of the basis of the claim.	
The specific amount of the claim.	
Mailing address where claims can be sent: (Claims cannot be sent to the c/o William Watson Trick, Jr., Esq.	Division of Corporations)
1216 East Atlantic Blvd., Suite 7	
Pompano Beach, FL 33060	
A claim against the above named corporation will be barred unless a prowithin 4 years after the filing of this notice.	
Printed Name of the Person Filing	Signature of the Person Filing