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COVER LETTER

Inc.

TO: Amendment Section

Division of Corporations
SUBJECT: Notice of Corporate Dissolution - J.W. Graves & Associates
DOCUMENT NUMBER: PØ4 ØØØ461Ø4
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
John W. Graves (Name of Contact Person)
J.W. Graves & Associates (Firm/Company)
10912 Victoria Arbor Way (Address)
Temple Terrace, FL, 33617 (City/State and Zip Code)
For further information concerning this matter, please call:
Tohn W. Graves at (813) 984-0949, (813) 751-6695 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
Certificate of Status Certificate of Status
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 607.1401, 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:	
	J.W. Graves & Associates, Inc.	
SECOND:	The document number of the corporation (if known): PØ4ØØØ461Ø4	
THIRD:	The file date of the articles of incorporation: March 11, 2004	
FOURTH:	(CHECK AT LEAST ONE BOX)	
	None of the corporation's shares have been issued.	
	☐ The corporation has not commenced business.	
FIFTH:	No debt of the corporation remains unpaid.	
SIXTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.		
SEVENTH: Adoption of Dissolution (CHECK ONE)		
	A majority of the incorporators authorized the dissolution.	
A majority of the directors authorized the dissolution.		
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.)		
	Tohn W. Graves (Typed or printed name of person signing)	
	President (Title of Person Signing)	

Filing Fee: \$35