

(Rec	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nan	ne)
(Document Number)		
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



000175362280

04/15/10--01036--011 ***43.75

SECRETARY OF STATE

5/16/10

COVER LETTER

TO: Amendment Section

Division of Corporations							
SUBJECT: PS Hospitality	INStallATIONS, INC.						
DOCUMENT NUMBER: 20 - 143580 9 The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following:							
				(Name of Contact Person)			
				(Name of Contact Person)			
(Firm/Company)							
War Oal 1	'D						
4105 Derby Da (Address)							
LAKOLAND FL E	3.3809						
(City/State and Zip Code)							
For further information concerning this matter, please call:							
(Name of Contact Person) at (763 858-8412 Area Code & Daytime Telephone Number)						
(Name of Contact Person) (A	Area Code & Daytime Telephone Number)						
Enclosed is a check for the following amount:							
\$35 Filing Fee \$43.75 Filing Fee \$\$\$ \$43.75 F Certificate of Status Certified (Additional enclosed)	al copy is Certified Copy						
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:		
	KPS Hospitality INSTALLATIONS, INC	<i>C</i> .	
SECOND:			
THIRD:	The date dissolution was authorized:		
	Effective date of dissolution if applicable: (no more than 90 days after dissolution	file date)	
FOURTH:	Adoption of Dissolution (CHECK ONE)		
	Dissolution was approved by the shareholders. The number of votes cast to was sufficient for approval.	for dissolution	
	Dissolution was approved by the shareholders through voting groups.		
	The following statement must be separately provided for each voting group ento vote separately on the plan to dissolve:	~ - •	
	The number of votes cast for dissolution was sufficient for approval by	VITI VH SECETI	
	Officers (voting group)	ASSET.	
		STATE STATE	
	Signature: (By a director, president or other officer - if directors or officers have not been selected, by	(B)	
	an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)		
	(Typed or printed name of person signing)		
	Treasurer		
	(Title of person signing)		

Filing Fee: \$35