(Re	equestor's Name)	
(Ac	idress)	
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(Cit	ty/State/Zip/Phon	e #)
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COVER LETTER

Division of Corporations Nationwide Sales Inc. **DOCUMENT NUMBER:** 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) For further information concerning this matter, please call: Enclosed is a check for the following amount: □\$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (Additional copy is (Additional copy is enclosed) enclosed)

MAILING ADDRESS:

. TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

Pursuant to section 617.1401, Florida Statutes, this Florida not for profit corporation submits the following Articles of Dissolution:

FIRST:	The name of the corporation as currently filed with the Florida Department of State:
	Nationwide Sales, Inc.
SECOND:	The document number of the corporation (if known): PO4000145442
THIRD:	The file date of the articles of incorporation: $01/19/2000$
FOURTH	The corporation has not commenced to conduct its affairs.
FIFTH:	No debts of the corporation remains unpaid.
SIXTH:	Adoption of Dissolution (CHECK ONE) (Note: Cannot be authorized by an incorporator if the corporation has directors)
	The dissolution was authorized by a majority of the directors: OR The dissolution was authorized by an incorporator.
	☐ The dissolution was authorized by a majority of the incorporators.
Sign	ature: (By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary) Dolinary Hinton
	(Title of person signing)

Filing Fee: \$35