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SECRETARY OF STATE
ALL MASSEF, FLORIDA

Dissolution

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COVER LETTER

Division of Corporations
SUBJECT: Dissolution for Crystal Clean Team, Inc.
POCUMENT NUMBER: <u>PO4000149688</u>
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Flotencia M. James . (Name of Person)
Crystal Clean Team, Inc. (Name of Firm/Company)
1404 Sunnyhills Dr. (Address)
Brandon, Fl 33510 (City/State/and Zip Code)
For further information concerning this matter, please call:
Florencia M. James at (813) 748-3517 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
V\$35 Filing Fee ☐\$43.75 Filing Fee & ☐\$43.75 Filing Fee & ☐\$52.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (Additional copy is enclosed) (Additional copy is enclosed)
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, Florida 32314Tallahassee, Florida 32399

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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: FIRST: SECOND: The document number of the corporation (if known):___ THIRD: The date dissolution was authorized: Effective date of dissolution if applicable: 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 of 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 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) (Typed or printed name of person signing)

Filing Fee: \$35