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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations SUBJECT: Dissolution of J&L Lawn Works, Inc. DOCUMENT NUMBER: P05000061056 The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Jason Lynn Jones (Name of Contact Person) J&L Lawn Works, Inc. (Firm/Company) 9695 Watershed Dr. South (Address) Jacksonville, FL 32220 (City/State and Zip Code) For further information concerning this matter, please call: Jason Lynn Jones (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 & □\$52.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (Additional copy is Certified Copy enclosed) (Additional copy is enclosed) **MAILING ADDRESS:** STREET ADDRESS: Amendment Section Amendment Section **Division of Corporations Division of Corporations**

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

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:
	J&L Lawn Works, Inc
SECOND:	The document number of the corporation (if known): P05000061056
THIRD:	The date dissolution was authorized: 12/04/2006
	Effective date of dissolution if applicable: 12/04/2006 (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 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 Jason Jones sole shape owner
	ORIDA.
\$	(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)
	Jason Lynn Jones
	(Typed or printed name of person signing)
	President
	(Title of person signing)

Filing Fee: \$35