P05000081027

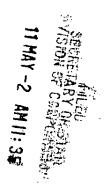
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Busiless Efficy Name)
(Document Number)
Certified Copies Certificates of Status
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C.COULLIETTE

MAY 06 2011

EXAMINER

Tallahassee, FL 32301

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Articles 6 + Disso	lution
DOCUMENT NUMBER: P05000	81027
The enclosed Articles of Dissolution and fee are sub-	mitted for filing.
Please return all correspondence concerning this matt	er to the following:
John W. Wa (Name of Contact Pe	tkins erson)
Facility Power Sol (Firm/Compan	
1729 George Jenkins Po Box 24843 hakeland	
(City/State and Zip	Code)
For further information concerning this matter, please	call:
Tohn W. Wat Kins at (S) (Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
\$35 Filing Fee \$\sum \$43.75 Filing Fee & \$\sum \$43.75 \\ Certificate of Status Certifie (Addition enclose)	d Copy Certificate of Status & Certified Copy
MAILING ADDRESS: 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

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:
	Facility Power Solutions, Inc	
SECOND:	The document number of the corporation (if known): P0500081027	
THIRD:	The date dissolution was authorized: 1 May 2011	
	Effective date of dissolution if applicable: May 20 (no more than 90 days after dissolution fi	le date)
FOURTH:	Adoption of Dissolution (CHECK ONE)	
	Dissolution was approved by the shareholders. The number of votes cast for was sufficient for approval.	or dissolution
	Dissolution was approved by the shareholders through voting groups.	
	The following statement must be separately provided for each voting group ent to vote separately on the plan to dissolve:	itled
	The number of votes cast for dissolution was sufficient for approval by	
	(voting group)	2 8
	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 aduciary)	SION OF CONTROLS
	Tohn W. Watkins (Typed or printed name of person signing)	.,
	(Title of person signing)	
	UTING OF DELACIFICATION AT A STATE OF THE ST	

Filing Fee: \$35

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.
Name of Corporation: Facility Power Solutions, Inc.
Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution.
Description of information that must be included in a claim:
Mailing addragg where claims can be cont. (Claims count to the Division of Comparties.)
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
120 Box 24843 Lakeland FL 33802
rareland 10 53802
A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced
within 4 years after the filing of this notice.
John W Watkins John Watker
Printed Name of the Person Filing Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00