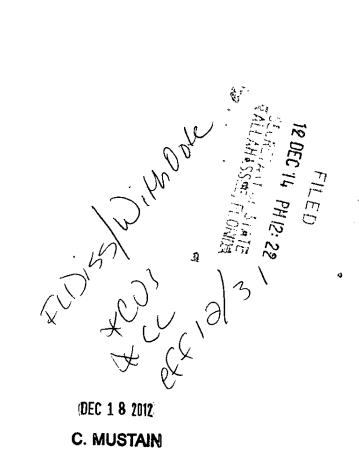


(Re	equestor's Name)		
(Address)			
(Ac	ldress)	·	
(Cir	ty/State/Zip/Phon	e #)	
PICK-UP	☐ WAIT	MAIL	
(Ві	usiness Entity Nar	ne)	
(Do	ocument Number)		
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			





12/14/12--01019--004 **52.50



COVER LETTER

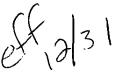
TO: Amendment Section Division of Corporations				
SUBJECT: ARTICLES OF DISSOLUTION				
DOCUMENT NUMBER: P05000086620				
The enclosed Articles of Dissolution and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
FRED GOWER (Name of Contact Person)				
MIDWEST MANAGEMENT, INC. (Firm/Company)				
P.O. Box 3124 (Address)				
P.O. Box 3124 (Address) CLATHE, KS 66063 (City/State and Zip Code)				
For further information concerning this matter, please call:				
(Name of Contact Person) at (913) 636 2226 (Area Code & Daytime Telephone Number)				
Enclosed is a check for the following amount:				
□ \$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) S52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)				
MAILING ADDRESS.				

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 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:
	MIDWEST MANAGEMENT, INC.
SECOND:	The document number of the corporation (if known): P0500086620
THIRD:	The date dissolution was authorized: DECEMBER 3, 2012
	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 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
	(voting group)
	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)
	(Title of person signing)

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:	MIDNEST	MANAGEMENT, I'NC.
Date of dissolution wil specified in the <i>Article</i>		ion is filed with the Department of State or as
Description of informa	ition that must be include	ed in a claim:
<u> </u>	LOWEST MA	NAGEMENT, TNC.
		vill be barred unless a proceeding to enforce the claim is commenced
within 4 years after the		vin be barred times, a proceeding to emoree the claim is commenced
Coan Co	01.152	
Print	ed Name of the Person Filing	Signature of the Person Filing

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