PD 5000/00040

| (Re | questor's Name) | · · · · · · · · · · · · · · · · · · · | |
|---|--------------------|---------------------------------------|--|
| (Ad | ldress) | | |
| (Ad | idress) | | |
| (Cit | ty/State/Zip/Phone | : #) | |
| PICK-UP | ☐ WAIT | MAIL | |
| (Ви | ısiness Entity Nan | ne) | |
| (Document Number) | | | |
| Certified Copies | _ Certificates | of Status | |
| Special Instructions to Filing Officer: | | | |
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BIVISION OF CONTORATION

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COVER LETTER

| TO: Amendment Section Division of Corporations | | | | |
|---|--|--|--|--|
| SUBJECT: LAW Office of Philip S KAPREW P.A. | | | | |
| DOCUMENT NUMBER: | | | | |
| The enclosed Articles of Dissolution and fee are submitted for filing. | | | | |
| Please return all correspondence concerning this matter to the following: | | | | |
| Philip S KAROW, Egg. (Name of Contact Person) | | | | |
| Vote how Fran CLP | | | | |
| Vose how Fran, CLP (Firm/Company) | | | | |
| 324 W. Movel Bhel. (Address) | | | | |
| | | | | |
| Winder Proce FZ 32789 (City/State and Zip Code) | | | | |
| (City/State and Zip Code) | | | | |
| For further information concerning this matter, please call: | | | | |
| (Name of Contact Person) at ($\angle OT - G4F - 37 3F$ (Area Code) (Daytime Telephone Number) | | | | |
| 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 | | | | |
| MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle | | | | |

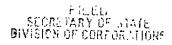
Tallahassee, FL 32301

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: | | | | |
|---------|--|------------------------|-------------------|--|--|
| | LAW OFFICE OF PROPER S. KAPPEN. PA | | | | |
| SECOND: | The document number of the corporation (if known): Po5000 | 00 | 040 | | |
| THIRD: | The date dissolution was authorized: 12/3/14 | ···· | | | |
| | Effective date of dissolution <u>if applicable</u> : (no more than 90 days after dissolution file Note: If the date inserted in this block does not meet the applicable statutory filing requirement not be listed as the document's effective date on the Department of State's records. | e date) ts, this da | — te will | | |
| FOURTH: | Adoption of Dissolution (CHECK ONE) | | | | |
| | Dissolution was approved by the shareholders. The number of votes cast for was sufficient for approval. | r dissolu | tion | | |
| | ☐ 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 | 15 HAY - | BIVISION TA | | |
| | (voting group) | 8 PM 3: | HORFORE SIGNATURE | | |
| | | 24 | 75年 | | |
| ! | Signature: (By a director, president of 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) | | _ | | |
| | Cresidens (Title of person signing) | | _ | | |
| | (Time or berson significal) | | | | |

Filing Fee: \$35



Notice of Corporate Dissolution

15 MAY -8 PM 3: 24

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:_____ 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: Name, Amont Bottle, supporting descenents, Basis Rr claim. Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) Clo Vose LAW Form, LLP ATTN: Philip S. KARROW 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.

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

Printed Name of the Person Filing