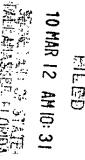
P05000152225

| (Re | questor's Name) | |
|-------------------------|-------------------|---------------------------------------|
| | | |
| · (Ad | dress) | |
| | | |
| (Ad | dress) | |
| - | | |
| (Cit | y/State/Zip/Phone | • #) |
| | | |
| PICK-UP | WAIT | MAIL |
| | | |
| (Bu | siness Entity Nan | ne) |
| | | |
| (Do | cument Number) | <u></u> |
| • | ŕ | |
| Certified Copies | Certificates | of Status |
| | | |
| | | · · · · · · · · · · · · · · · · · · · |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| | | 1 |
| | | |
| | | |
| | | · |

Office Use Only



300171849353



X X X X

COVER LETTER

TO: Amendment Section

| Division of Corporations | | |
|---|--|---|
| SUBJECT: ARTICLES OF DISSO | OLUTION | |
| DOCUMENT NUMBER: P0500015 | 52225 | |
| The enclosed Articles of Dissolution and | fee are submitted for filin | g. |
| Please return all correspondence concerning | g this matter to the follow | ving: |
| WILLIS LOMAX | | |
| (Name of | Contact Person) | |
| ABSOLUTE PROTECTIVE INC | , | |
| (Fin | m/Company) | |
| PO BOX 121436 | | |
| (A | ddress) | _ |
| CLERMONT / FLORIDA / 3271 | 2-1436 | |
| (City/Sta | ate and Zip Code) | |
| For further information concerning this ma | tter, please call: | |
| WILLIS LOMAX | at (_352) 3 | 48-1643 |
| (Name of Contact Person) | | Daytime Telephone Number) |
| Enclosed is a check for the following amou | ınt: | • |
| \$35 Filing Fee \$\sum \$43.75 Filing Fee & Certificate of Status | S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed) |
| MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Ame Divis Clift | EET ADDRESS: Indment Section Ission of Corporations In Building 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 | of State | : : | |
|---------|---|-------------|---------------|-------------|
| | ABSOLUTE PROTECTIVE INC. | | | |
| SECOND: | : The document number of the corporation (if known): P05000152225 | | | |
| THIRD: | The date dissolution was authorized: FEBRUARY 28 2010 | | | |
| | Effective date of dissolution <u>if applicable:</u> FEBRUARY 28 2010 (no more than 90 days after dissolution | ı file date | ;) | |
| FOURTH: | : Adoption of Dissolution (CHECK ONE) | | | |
| | ✓ Dissolution was approved by the shareholders. The number of votes cast was sufficient for approval. | for dis | solu | itioi |
| | Dissolution was approved by the shareholders through voting groups. | | | |
| | The following statement must be separately provided for each voting group to vote separately on the plan to dissolve: | ntitlea | AB 12 | |
| | The number of votes cast for dissolution was sufficient for approval by | | AN IO: 3 | |
| | WILLIS LOMAX | | <u>ယ</u> | |
| | (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) | | | |
| | WILLIS LOMAX | | | |
| | (Typed or printed name of person signing) | | | |
| | PRESIDENT / OWNER | | | |
| | (Title of person signing) | | | |

Filing Fee: \$35