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COVER LETTER

TO: Amendment Section Division of Corporations	, , , , , , , , , , , , , , , , , , ,
SUBJECT: Articles of	Dissolution
DOCUMENT NUMBER: PO6	000004538
The enclosed Articles of Dissolution and fee	are submitted for filing.
Please return all correspondence concerning to	his matter to the following:
Kenneth W. Car	:c:11
(Name of Co	ontact Person)
KW Cargill P.	<u> </u>
•	• 57
4150 Phillips Lane	
North Prince Georg	and Zip Code)
(City/State	and Zip Code)
For further information concerning this matter	er, please call:
(Name of Contact Person)	at (941 276 2004 (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amoun	
-	□ \$43.75 Filing Fee & □ \$52.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy enclosed) (Additional copy is enclosed)
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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ARTICLES OF DISSOLUTION

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SECRETARY OF SIMILAND AND STALL AND SECRETARY OF SIMILAND AND STALL AND SECRETARY OF SIMILAND AND of dissolution:

CIDCT.

FIRST:	The name of the corporation as currently filed with the Florida Department of State:
	KW Cargill P.A.
SECOND:	The document number of the corporation (if known): POEOCOCC 4538
THIRD:	The date dissolution was authorized: 31 October 2021
	Effective date of dissolution if applicable: 31 October 2021 (no more than 90 days after dissolution file date) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
FOURTH:	Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.
:	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)
	(Typed or printed name of person signing)
	President
	(Title of person signing)

Filing Fee: \$35