P07000070235

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|-------------------------|---------------------------------------|-----------|
| (Re | equestor's Name) | |
| (Ac | ddress) | · |
| • | ldress) | |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| | ısiness Entity Nan | nel |
| | | |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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04/28/08--01025--020 **35.00

2008 APK 28 PH 4: 19
SECRETARY OF STATE

Dissolution

TB 5-2-08

COVER LETTER

TO: Amendment Section

| Division of Corporations | |
|------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|
| SUBJECT: ACCOLADE MANAGEMEN | IT, NC |
| DOCUMENT NUMBER: P07000703 | 35 |
| The enclosed Articles of Dissolution and fee are submitted f | for filing. |
| Please return all correspondence concerning this matter to the | e following: |
| BARBARA GASQUE | |
| (Name of Contact Person) | |
| ACCOLAGE MANAGEMENT (Firm/Company) | ·, INC. |
| (Firm/Company) | |
| 1850 Homewood BLUA (Address) | 0. # 203 |
| · · · · · · · · · · · · · · · · · · · | |
| DELROY BEACH FC (City/State and Zip Code) | 33445-6893 |
| (City/State and Zip Code) | |
| For further information concerning this matter, please call: | |
| | |
| BARBARA GASQUE at (56) |) 441-7517 |
| | Code & Daytime Telephone Number) |
| Enclosed is a check for the following amount: | |
| \$35 Filing Fee \$\bigs\$43.75 Filing Fee & \$\bigs\tag{\$43.75 Filing I \\ Certificate of Status & Certified Copy \\ (Additional copenclosed) | Fee & \$\int_\$\$52.50 Filing Fee, Certificate of Status & y is Certified Copy (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 Clifton Building 2661 Executive Center Circle |

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

| FIRST: | The name of the corporation as currently filed with the Florida Departr | nent of State: |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| | POCOLADE MANAGEMENT, INC. | |
| SECOND: | The document number of the corporation (if known): Po70000 | 70235 |
| THIRD: | The file date of the articles of incorporation: 4/15/07 | |
| OURTH: | (CHECK, AT LEAST ONE BOX) | 7 |
| | None of the corporation's shares have been issued. | SECRETARY OF STATE TALLAHASSEE, FLORING |
| | The corporation has not commenced business. | ASSEA ASSEA |
| IFTH: | No debt of the corporation remains unpaid. | S.F.S.F. |
| SIXTH: | The net assets of the corporation remaining after winding up have been to the shareholders, if shares were issued. | distributed |
| SEVENTH: | Adoption of Dissolution (CHECK ONE) | |
| | A majority of the incorporators authorized the dissolution. | |
| | A majority of the directors authorized the dissolution. | |
| | | |
| a. | Fribria Gazne | |
| Signa | (By a director, president or other officer - if directors or officers have not been selected, by in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.) | y an incorporator |
| | BARBARA GASQUE | |
| | | _ |

Filing Fee: \$35