## P080000/8992

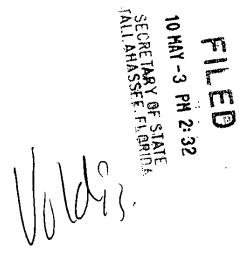
| (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer: | /Pa                                     | augatoria Nama)   |                 |  |  |
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| (City/State/Zip/Phone #)  (City/State/Zip/Phone #)  (PICK-UP                                                                                                                                   | (Re                                     | questors Name)    |                 |  |  |
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| (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:                       |                                         |                   |                 |  |  |
| (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status                                                                                                             | (Add                                    | dress)            | -               |  |  |
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| (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:                                                                    |                                         |                   |                 |  |  |
| (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:                                                                                            | PICK-UP                                 | WAIT              | MAIL            |  |  |
| (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:                                                                                            |                                         |                   |                 |  |  |
| (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:                                                                                            | (Bu:                                    | siness Entity Nan | ne)             |  |  |
| Certified Copies Certificates of Status  Special Instructions to Filing Officer:                                                                                                               | •                                       | •                 | ,               |  |  |
| Certified Copies Certificates of Status  Special Instructions to Filing Officer:                                                                                                               | (Do                                     | cument Number     |                 |  |  |
| Special Instructions to Filing Officer:                                                                                                                                                        | (100)                                   | Jument Number,    |                 |  |  |
| Special Instructions to Filing Officer:                                                                                                                                                        |                                         |                   |                 |  |  |
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

| SUBJECT: OLEJARSKI CONSTRUCTION SERVICES, INC                                                                                                                                                                                                       |  |  |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| DOCUMENT NUMBER: P08000018992                                                                                                                                                                                                                       |  |  |  |  |
| The enclosed Articles of Dissolution and fee are submitted for filing.                                                                                                                                                                              |  |  |  |  |
| Please return all correspondence concerning this matter to the following:                                                                                                                                                                           |  |  |  |  |
| WALTER OLEJARSKI                                                                                                                                                                                                                                    |  |  |  |  |
| (Name of Contact Person)                                                                                                                                                                                                                            |  |  |  |  |
| OLEJARSKI CONSTRUCTION SERVICES, INC                                                                                                                                                                                                                |  |  |  |  |
| (Firm/Company)                                                                                                                                                                                                                                      |  |  |  |  |
| 561 CONIFER STREET                                                                                                                                                                                                                                  |  |  |  |  |
| (Address)                                                                                                                                                                                                                                           |  |  |  |  |
| MELBOURNE, FL 32904                                                                                                                                                                                                                                 |  |  |  |  |
| (City/State and Zip Code)                                                                                                                                                                                                                           |  |  |  |  |
| For further information concerning this matter, please call:                                                                                                                                                                                        |  |  |  |  |
| WALTER OLEJARSKI at ( 321 ) 536-4527                                                                                                                                                                                                                |  |  |  |  |
| (Name of Contact Person) (Area Code & Daytime Telephone Number)                                                                                                                                                                                     |  |  |  |  |
| Enclosed is a check for the following amount:                                                                                                                                                                                                       |  |  |  |  |
| S35 Filing Fee \( \subseteq \\$43.75 \) Filing Fee & \( \subseteq \\$43.75 \) Filing Fee & \( \subseteq \\$52.50 \) Filing Fee,  Certificate of Status & Certified Copy (Additional copy is enclosed)  Certified Copy (Additional copy is enclosed) |  |  |  |  |
| MAILING ADDRESS:  Amendment Section  Division of Corporations  P.O. Box 6327  STREET ADDRESS:  Amendment Section  Division of Corporations  Clifton Building                                                                                        |  |  |  |  |

2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

| FIRST:   | The name of the corporation as currently filed with the Florida Departme                                                                                                                        | ent of Stat   | te:      |                     |
|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------|---------------------|
|          | OLEJARSKI CONSTRUCTION SERVICES, INC                                                                                                                                                            |               |          |                     |
| SECOND:  | The document number of the corporation (if known): P0800001899                                                                                                                                  | 32            |          |                     |
| THIRD:   | The file date of the articles of incorporation: 02/21/2008                                                                                                                                      |               |          |                     |
| FOURTH:  | (CHECK AT LEAST ONE BOX)                                                                                                                                                                        |               |          |                     |
|          | None of the corporation's shares have been issued.                                                                                                                                              |               |          |                     |
|          | The corporation has not commenced business.                                                                                                                                                     |               |          |                     |
| FIFTH:   | No debt of the corporation remains unpaid.                                                                                                                                                      |               |          |                     |
| SIXTH:   | The net assets of the corporation remaining after winding up have been dito the shareholders, if shares were issued.                                                                            | stributed     |          |                     |
| SEVENTH: | Adoption of Dissolution (CHECK ONE)                                                                                                                                                             | Āw            |          |                     |
|          | A majority of the incorporators authorized the dissolution.                                                                                                                                     | CCRE          | 10 MA    | -                   |
|          | A majority of the directors authorized the dissolution.                                                                                                                                         | TARY          | 7-3      | Entres<br>SECTION 1 |
|          |                                                                                                                                                                                                 | 770           | <b>P</b> | m                   |
| Sign     | ature: MAAD La                                                                                                                                                                                  | FSTATE        | 2: 32    |                     |
| •        | (By a director, president or other officer - if directors or officers have not been selected, by a in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.) | an incorporat | or - if  |                     |
|          | WALTER OLEJARSKI                                                                                                                                                                                |               |          |                     |
|          | (Typed or printed name of person signing)                                                                                                                                                       |               |          |                     |
|          | PRESIDENT                                                                                                                                                                                       |               |          |                     |
|          | (Title of Person Signing)                                                                                                                                                                       |               |          |                     |

Filing Fee: \$35