20000 46620

| | (Requestor's Name) | |
|---------------------|------------------------|-------------|
| | (Address) | |
| - | (Address) | |
| | (City/State/Zip/Phon | e #) |
| | UP WAIT | MAIL |
| | (Business Entity Na | me) |
| | (Document Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instruction | ons to Filing Officer: | |
| | | |
| | | |
| | | |

Office Use Only



600244978486



ACCOUNT NO. : 12000000195

REFERENCE : 632485

AUTHORIZATION: Colored Colored

COST LIMIT : \$ 35.00

ORDER DATE: May 1, 2013

ORDER TIME : 2:28 PM

ORDER NO. : 632485-011

CUSTOMER NO: 7648194

DOMESTIC FILINGS

NAME: PROFIT BY DESIGN HR

CONSULTING, INC.

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - EXT# 52956

EXAMINER'S INITIALS:

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 Department of State: PROFIT BY DESIGN HR CONSULTING, INC. | | |
|----------|--|--|--|
| SECOND: | The document number of the corporation (if known): POS 000046620 | | |
| THIRD: | The file date of the articles of incorporation: 05-08-2908 | | |
| 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 distributed to the shareholders, if shares were issued. | | |
| SEVENTH: | Adoption of Dissolution (CHECK ONE) | | |
| | ☐ A majority of the incorporators authorized the dissolution. | | |
| | A majority of the directors authorized the dissolution. | | |
| Signa | (By a director, president or other officer of 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.) | | |
| | Patricia A Sullivan | | |
| | (Typed or printed name of person signing) | | |
| | Director (Title of Person Signing) | | |
| | LIME OF CEROD MEDIDO | | |

Filing Fee: \$35

SECRETARY OF STATE
DIVISION OF CORPORATION

13 IN 21 PM L: 01