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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : SHUFFIELD LOWMAN Account Number : 120030000118 Phone : (407)581-9800

Fax Number : (407)581-9801

## DISSOLUTION OR WITHDRAWAL LARAMI, INC.

Certificate of Status	0
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## 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 LARAMI, INC.	of State	e:		
SECOND	The document number of the corporation (if known): P0900013145				
THIRD:	The date dissolution was authorized: September 30, 2019				
	Effective date of dissolution if applicable: (no more than 90 days after dissolution)	on file dat	c)	-	
FOURTH:	Adoption of Dissolution (CHECK ONE)				
	Dissolution was approved by the shareholders. The number of votes cas was sufficient for approval.	st for dis	ssoluti	on	
	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:	entitled	i		
	The number of votes cast for dissolution was sufficient for approval by	2	20 MAR 18	- * * * * * * * * * * * * * * * * * * *	
	(voting group)		AM IO:		
	Signature: Mann M. Kenner		59		
	(By a firector, 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)				
	Daniel W. Reponen				
	(Typed or printed name of person signing)				
	President				
	(Title of person signing)				

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