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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of South Florida Mold Remediation, Inc.		
DOCUMENT NUMBER: PO9000093073		
The enclosed Articles of Dissolution and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
James K True		
(Name of Contact Person)		
South Florida Mold Remediation, Inc.		
(Firm/Company)		
7216 NW 89th Avenue		
(Address)		
·		
Tamarac, Florida 33321 (City/State and Zip Code)		
For further information concerning this matter, please call:		
Michael Hardyaccountant at (_954 _) 968-3271		
(Name of Contact Person) (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:		
S35 Filing Fee S43.75 Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee, Certificate of Status Certified Copy (Additional copy is enclosed) Certificate of Status & 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		

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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 of State:
	South Florida Mold Remediation Inc
SECOND:	The document number of the corporation (if known): P0900093073
THIRD:	The date dissolution was authorized: 12/15/2011
	Effective date of dissolution if applicable: 12/15/2011 (no more than 90 days after dissolution file date)
FOURTH:	Adoption of Dissolution (CHECK ONE)
	✓ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.
	Dissolution was approved by the shareholders through voting groups.
	The following statement must be separately provided for each voting group spittled to vote separately on the plan to dissolve:
	The number of votes cast for dissolution was sufficient for approval by
	Care in
% \$	Signature: Amb T
	(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)
	James K True
	(Typed or printed name of person signing)
	President
•	(Title of person signing)

Filing Fee: \$35