P10000048074

| | (Requestor's Name) |
|-------------------------|--------------------------|
| | (Nedector 5 Marile) |
| | (Address) |
| | (Address) |
| | (Audiess) |
| | (City/State/Zip/Phone #) |
| PICK-UP | WAIT MAIL |
| | (Business Entity Name) |
| | (Document Number) |
| Certified Copies | Certificates of Status |
| Special Instructions to | Filing Officer: |
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Office Use Only



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Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

incserv

ORDER FORM

TO Florida Department of State

The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303

corphelp@dos.myflorida.com

850-245-6051

FROM ' Melissa Moreau

mmoreau@incserv.com

850.656.7953

| a war a man and a manager t | |
|-----------------------------|-----------------------------|
| REQUEST_DATE 12/27/2023 | PRIORITY _ Regular Approval |

OUR REF # (Order ID#) 1216901

ORDER ENTITY

RTS-TMS, INC.

PLEASE PERFORM THE FOLLOWING SERVICES:

RTS-TMS, INC. (FL)

File the attached dissolution document

NOTES: \$35.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

COVER LETTER

| TO: Amendment Section | | |
|---|-----------------------------|--|
| Division of Corporations | | |
| SUBJECT: RTS-TMS, Inc. | ······ | |
| DOCUMENT NUMBER: P1000004807 | 4 | |
| The enclosed Articles of Dissolution and | d fee are submitted for fil | ing. |
| Please return all correspondence concern | ing this matter to the foll | owing: |
| Rashal Sanders | | 202 |
| (Name o | of Contact Person) | DEC |
| Koley Jessen P.C., L.L.O. | | C 27 |
| (F | irm/Company) | - E |
| 1125 South 103rd Street, Suite 800 | | ي و |
| | (Address) | ात का |
| Omaha, NE 68124 | | |
| (City/S | State and Zip Code) | |
| For further information concerning this r | natter, please call: | |
| Rashal Sanders | at (402-343-3836 | |
| (Name of Contact Person) | (Area Code |) (Daytime Telephone Number) |
| Enclosed is a check for the following am | ount: | |
| ■ \$35 Filing Fee □ \$43.75 Filing Fee Certificate of Status | - | & \$\subseteq\$ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed) |
| Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | An Di Th | reet Address: nendment Section vision of Corporations e Centre of Tallahassee |

Tallahassee, FL 32303

President

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: RTS-TMS, Inc. P10000048074 The document number of the corporation (if known): SECOND: December 27, 2023 THIRD: The date dissolution was authorized: December 31, 2023 Effective date of dissolution if applicable: (no more than 90 days after dissolution file date) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. FOURTH: Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation. Signature: (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) Mark Reed (Typed or printed name of person signing)

Filing Fee: \$35

(Title of person signing)