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COVER LETTER

Division of Corporations DISSOLUTION OF ALDERMAN ROGERS, INC. SUBJECT: _ P10000053778 DOCUMENT NUMBER: The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: TIM ALDERMAN (Name of Contact Person) (Firm/Company) 13016 MARSH FERN DR (Address) ORLANDO, FL 32828 (City/State and Zip Code) For further information concerning this matter, please call: Enclosed is a check for the following amount: ■ \$35 Filing Fee □ \$43.75 Filing Fee & □ \$43.75 Filing Fee & □ \$52.50 Filing Fee. Certificate of Status Certificate of Status & Certified Copy (Additional copy is Certified Copy enclosed) (Additional copy is enclosed)

Mailing Address:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO: Amendment Section

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: ALDERMAN ROGERS, INC.			
SECOND:	The document number of the corporation (if known):	document number of the corporation (if known):		
THIRD:	The date dissolution was authorized: SEPTEMBER 15, 2020			
	Effective date of dissolution <u>if applicable:</u> (no more than 90 days after dissolution f Note: If the date inserted in this block does not meet the applicable statutory filing requirement be listed as the document's effective date on the Department of State's records.	le date) nts, this date will		
FOURTH:	Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.			
		? .		
		- - :		
S	(By a director, president br 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)	<u>\$</u>		
	TIM ALDERMAN			
	(Typed or printed name of person signing)			
	PRESIDENT			
	(Title of person signing)			

Filing Fee: \$35