P11000035369

| (Re | equestor's Name) | |
|-------------------------|--------------------|-------------|
| (Ad | ldress) | |
| (Ad | ldress) | |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | isiness Entity Nar | me) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section

Division of Corporations Jacksonville Paralegal Services, Inc. **SUBJECT:** P11000035369 **DOCUMENT NUMBER:** The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Kimberly K. Boyd (Name of Contact Person) Jacksonville Paralegal Services, Inc. (Firm/Company) 9771 County Road 121 (Address) Bryceville, Florida 32009 (City/State and Zip Code) For further information concerning this matter, please call: Kimberly K. Boyd (Area Code) (Daytime Telephone Number) (Name of Contact Person) Enclosed is a check for the following amount: ■ \$35 Filing Fee □ \$43.75 Filing Fee & □ \$43.75 Filing Fee, Certificate of Status Certificate of Status & Certified Copy (Additional copy is Certified Copy enclosed) (Additional copy is enclosed) **MAILING ADDRESS:** STREET ADDRESS: **Amendment Section** Amendment Section **Division of Corporations Division of Corporations** P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

| Pursuant to of dissolut | o section 607.1403, Florida Statutes, this Florida profit corporation submits ion: | the following | articles |
|----------------------------|---|-------------------|---------------------|
| FIRST: | The name of the corporation as currently filed with the Florida Departs Jacksonville Paralegal Services, Inc. | nefit of State: | |
| SECOND: | The document number of the corporation (if known): | FLORE | <u>س</u> ج <u>ب</u> |
| THIRD: | The date dissolution was authorized: 12/31/2015 | D D | |
| | Effective date of dissolution if applicable: 12/31/2015 | | |
| | (no more than 90 days after dis Note: If the date inserted in this block does not meet the applicable statutory filing r not be listed as the document's effective date on the Department of State's records. | | date will |
| FOURTH: | Adoption of Dissolution (CHECK ONE) | | |
| | Dissolution was approved by the shareholders. The number of vote was sufficient for approval. | es cast for disso | olution |
| | ☐ Dissolution was approved by the shareholders through voting group | ps. | |
| | The following statement must be separately provided for each voting g to vote separately on the plan to dissolve: | roup entitled | |
| | The number of votes cast for dissolution was sufficient for approval by | | |
| | Kimberly K. Boyd | | |
| | (voting group) | | |
| | | | |
| | Signature: (By a director, president or other officer - if directors or officers have not been select an incorporator - if in the hands of a receiver, trustee, or other court appointed fiducing | ed, by | |
| | that fiduciary) | ary, oy | |
| | Kimberly K. Boyd | | |
| | (Typed or printed name of person signing) | | |
| | DPST/Owner | | |
| | (Title of person signing) | | |