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COVER LETTER +

TO: Amendment Section Division of Corporations

CONTRACTOR CONTRACTOR	CONSTRUCTION INC	 	
DOCUMENT NU	MBER:		
The enclosed Artic	cles of Dissolution and f	ee are submitted for filing	<u>,</u>
Please return all co	rrespondence concerning	g this matter to the follow	ing:
DIANE SIMPSON			
	(Name of	Contact Person)	.
DIANE SIMPSON CE	PA PA		
-	(Firm	n/Company)	
8644 NW 29 DRIVE			
	(A	ddress)	
CORAL SPRINGS FL	. 33065		
	(City/Sta	te and Zip Code)	
For further informa	ntion concerning this ma	tter, please call:	
DIANE SIMPSON		954.647.0546 at (
(Name o	f Contact Person)		(Daytime Telephone Number)
Enclosed is a check	c for the following amou	nt:	
■ \$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$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

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 KOTA CONTRUCTION INC	State:			
SECOND:	The document number of the corporation (if known):				
THIRD:	The date dissolution was authorized: DEC 31, 2022				
	Effective date of dissolution if applicable: (no more than 90 days after dissolution to the listed as the document's effective date on the Department of State's records.	ents, this			
FOURTH:	Dissolution was approved by the shareholders, in the manner required by this the articles of incorporation.	chapter	and		
	••	2023 JUL 24	ů j		
:	Signature:	PH 3: 06	3 <u>;</u>		
	(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)				
	CHARLES VOLLENWEIDER				
	(Typed or printed name of person signing)				
	PRESIDENT				
	(Title of person signing)				

Filing Fee: \$35