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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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T. LEMIEUX



COVER LETTER

| TO: Amendment Section Division of Corporations | |
|---|----------|
| SUBJECT: Notice of Corporate Dissolution | <u>ر</u> |
| DOCUMENT NUMBER: P1200050259 | |
| The enclosed Articles of Dissolution and fee are submitted for filing. | |
| Please return all correspondence concerning this matter to the following: | |
| Meledith Buren Hockaday (Name of Contact Person) | |
| Universal MBA Manscription Services, In (Firm/Company) | C |
| 2301 SW San Antonie Drive | |
| Palm City, R 34990 | |
| (City/State and Zip Code) | |
| For further information concerning this matter, please call: | |
| Wavedith Baker Hockaday (954)857-3008 (Name of Contact Person) (Area Code) (Daytime Telephone Number) | _ |
| | |
| Enclosed is a check for the following amount: | |
| \$35 Filing Fee \$\sum \\$43.75 Filing Fee & Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | |
| MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle | |

Tallahassee, FL 32301

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: Universal MBA Transcription Services, Inc. |
|---------|--|
| SECOND: | DISONOFICE |
| THIRD: | The date dissolution was authorized: 12/31/16 |
| | Effective date of dissolution if applicable: 123116 |
| | (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: | 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 entitled to vote separately on the plan to dissolve: |
| | The number of votes cast for dissolution was sufficient for approval by |
| | MST (D) PS = |
| | Signature: (By a director, president or other officer—if directors or officers have not been self-field, by an incorporator—if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary) |
| | Meredith Baker Hockaday (Typed or printed name of person signing) |
| | WST 1D (Title of person signing) |