P12-000085428

(Re	equestor's Name)		
(Ad	idress)		
(Ac	ldress)	.,	
(Ci	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	usiness Entity Nar	ne)	
(5.	. N		
(Document Number)			
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2016 MAR -7 PM 4: 02
SECRETARY OF STATE

MAR 0 9 2016 C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: SOUTH STATE APPRAISAL EST	IMATING AND CONSULTING CORP
DOCUMENT NUMBER: P12000085428	
The enclosed Articles of Dissolution and f	ee are submitted for filing.
Please return all correspondence concerning	g this matter to the following:
LISBET A	RENCIBIA
(Name of	Contact Person)
SOUTH STATE APPRAISAL ES	FIMATING AND CONSULTING CORP
(Firm	n/Company)
13932 SW	74TH TERRACE
(A	ddress)
MIAN	11, FL 33183
(City/Sta	te and Zip Code)
For further information concerning this ma	tter, please call:
LISBET ARENCIBIA	at (305-910-3052
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amou	int:
■ \$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	□ \$43.75 Filing Fee & □ \$52.50 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 Clifton Building 2661 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: SOUTH STATE APPRAISAL ESTIMATING AND CONSULTING CORP			
SECOND:	The document number of the corporation (if known):			
THIRD:	The date dissolution was authorized:	20		
	Effective date of dissolution if applicable: 12/31/2015	2016 HAR		
	(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 we not be listed as the document's effective date on the Department of State's records.	vill		
FOURTH:	Adoption of Dissolution (CHECK ONE)	PM 4:		
	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			
	(voting group)			
	(voing group)			
	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)			
	LISBET ARENCIBIA			
	(Typed or printed name of person signing)			
	PRESIDENT			
	(Title of person signing)			

Filing Fee: \$35

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution. Name of Corporation: _____ SOUTH STATE APPRAISAL ESTIMATING AND CONSULTING CORP Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution. Description of information that must be included in a claim: Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) LISBET ARENCIBIA 13932 SW 74 TERRACE MIAMI, FL 33183 A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice. LISBET ARENCIBIA

Signature of the Person Filing

Printed Name of the Person Filing