P120009313

| (Re | questor's Name) | | |
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| (Ad | dress) | | |
| (Ad | dress) | | |
| (Cit | y/State/Zip/Phone | e #) | |
| PICK-UP | ☐ WAIT | MAIL | |
| (Bu | siness Entity Nar | ne) | |
| (Document Number) | | | |
| Certified Copies Certificates of Status | | | |
| Special Instructions to | Filing Officer: | | |
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Office Use Only



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R. WHITE

COVER LETTER

| TO: Amendment Section Division of Corporations | | | | |
|---|---|--|--|--|
| Division of Corporations | | | | |
| SUBJECT: Hill & Hill Assoc | iates, Inc. | | | |
| DOCUMENT NUMBER: P12000093123 | | | | |
| DOCUMENT NUMBER: | | | | |
| The enclosed Articles of Dissolution and fee are submitted for filing. | | | | |
| Please return all correspondence concerning this matter to the following: | | | | |
| Arthur Hill | | | | |
| (Name of Contact Person) | | | | |
| Hill Properties, Inc. | | | | |
| (Firm/Company) | | | | |
| PO Box 3671 | | | | |
| (Address) | | | | |
| Gulfport, MS 39505 | | | | |
| (City/St | ate and Zip Code) | | | |
| For further information concerning this matter, please call: | | | | |
| Arthur Hill | at (228) 731-5511 | | | |
| (Name of Contact Person) | (Area Code & Daytime Telephone Number) | | | |
| Enclosed is a check for the following amo | unt: | | | |
| ■ \$35 Filing Fee S43.75 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: | STREET ADDRESS: | | | |
| Amendment Section Division of Corporations | Amendment Section Division of Corporations | | | |
| P.O. Box 6327 | Clifton Building | | | |
| Tallahassee FL 32314 | 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 Departme Hill & Hill Associates, Inc. | nt of S | State: | | |
|---------|--|------------|-----------------|--|--|
| | D: The document number of the corporation (if known): P12000093123 | | | | |
| SECOND: | | | | | |
| THIRD: | The date dissolution was authorized: July 21, 2014 | | | | |
| | Effective date of dissolution if applicable: July 30, 2014 (no more than 90 days after dissolution) | lution fil | o data) | | |
| FOURTH: | Adoption of Dissolution (CHECK ONE) | unon m | e (tate) | | |
| | Dissolution was approved by the shareholders. The number of votes of was sufficient for approval. | cast for | r dissolution | | |
| | ☐ Dissolution was approved by the shareholders through voting groups | | | | |
| | The following statement must be separately provided for each voting gro to vote separately on the plan to dissolve: | up enti | itle₫:≛ | | |
| | The number of votes cast for dissolution was sufficient for approval by | | | | |
| | | | | | |
| | (voting group) | | annan Marian | | |
| ; | Signature: (By a director, president or other officer - if directors or officers have not been selected, an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary that fiduciary) | | | | |
| | Arthur Hill | | | | |
| | (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: Hill & Hill Associates, Inc. |
| Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the <i>Articles of Dissolution</i> . |
| Description of information that must be included in a claim: |
| Company name, phone number and address |
| Date the claim originated |
| Reason for claim (such as detail of merchandise sold or services provided) |
| Amount of claim |
| |
| Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) |
| Hill Properties, Inc. |
| PO Box 3671 |
| Gulfport, MS 39505 |
| |
| A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commence within 4 years after the filing of this notice. |
| Arthur Hill |

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00

Signature of the Person Filing

Printed Name of the Person Filing