

P141000020504

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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MAIL

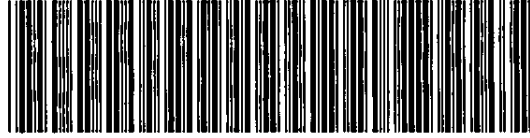
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE FLORIDA

Handwritten initials

NOV 23 2015

R. WHITE



Carlile Patchen & Murphy LLP
ATTORNEYS AT LAW

Writer's Direct Line: (614) 628-0839
Writer's E-Mail Address: mcarrion@cpmlaw.com

November 18, 2015

FEDEX STANDARD OVERNIGHT

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Re: SOS Facility Services, Inc.

Dear Sir or Madam:

Enclosed herewith are the following documents to dissolve SOS Facility Services, Inc. in the State of Florida:

- Two copies of the "Articles of Dissolution"
- Filing fee check in the amount of \$35.00

Please return a date-stamped copy of the dissolution to our office in the postage-paid envelope provided. If you have any questions about or problems with this filing, please contact me. Thank you.

Very truly yours,

CARLILE PATCHEN & MURPHY LLP

Michelle Carrion Goodwin
Paralegal

MXC/MXC/01574569.1
025867 000001
Enclosures

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SOS Facility Services, Inc.

DOCUMENT NUMBER: P14000020504

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michelle Goodwin, Paralegal

(Name of Contact Person)

Carlisle Patchen & Murphy LLP

(Firm/Company)

366 East Broad Street

(Address)

Columbus, Ohio 43215

(City/State and Zip Code)

For further information concerning this matter, please call:

Michelle Goodwin, Paralegal

at (614-228-6135

(Name of Contact Person)

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$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
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:
SOS Facility Services, Inc.

SECOND: The document number of the corporation (if known): P14000020504

THIRD: The date dissolution was authorized: 11/05/15

Effective date of dissolution if applicable:

(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)

[X] 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)

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TALLAHASSEE FLORIDA

Signature: [Handwritten 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)

Rodney Hollingsworth
(Typed or printed name of person signing)

President
(Title of person signing)

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(voting group)

Signature: Rodney Hollingsworth
(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)

Rodney Hollingsworth

(Typed or printed name of person signing)

President

(Title of person signing)

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TALLAHASSEE FLORIDA