

09/07/2018

15:05

305/201400

LAZARUS CORPORATE

PAGE 01/02

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H18000262017 3)))



H180002620173ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)617-6380

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
Phone : (305)552-5973  
Fax Number : (305)675-5944

R. WHITE  
SEP 10 2018

DISSOLUTION OR WITHDRAWAL  
WATER WELLS AND SYSTEMS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

2018 SEP -7 AM 6:48  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

RECEIVED  
18 SEP -7 PM 2:10  
SECRETARY OF STATE  
TALLAHASSEE, FL

H18000262017

## 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:  
Water Wells and Systems, Inc
- SECOND: The document number of the corporation (if known): P14000030116
- THIRD: The date dissolution was authorized: 9/7/18  
Effective date of dissolution if applicable: 9/7/18  
(no more than 90 days after dissolution file date)

- 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 ~~entity~~  
to vote separately on the plan to dissolve:

The number of votes cast for dissolution was sufficient for approval by

(voting group)

Signature: [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)

Alfon Cruz

(Typed or printed name of person signing)

(P)

(Title of person signing)

FILED  
2018 SEP -7 AM 6:48  
SECRETARY OF STATE  
TALLAHASSEE, FL

H18000262017