## 1400097842

| (Requestor's Name)                      |
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| (Address)                               |
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| (Address)                               |
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| (City/State/Zip/Phone #)                |
|   |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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15 FEB 18 PM 1: 29

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T. LEWIELY

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

| IIIIIIOD T II A MTON |   | 100        | _       |
|----------------------|---|------------|---------|
| REFERENCE            | : | 479300     | 8023680 |
| ACCOUNT NO.          | : | 1200000001 | _95     |

COST LIMIT : \$35.00

ORDER DATE : January 27, 2015

ORDER TIME : 12:19 PM

ORDER NO. : 479300-010

CUSTOMER NO: 8023680

## DOMESTIC FILINGS

NAME: MJ CASH AND LOANS, INC.

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - EXT# 62935

EXAMINER'S INITIALS:

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| SUBJECT: Articles of Disso  | lution  |  |
|---|---|--|
| DOCUMENT NUMBER: P14000   | 0097842   |  |
| The enclosed Articles of Dissolution and  | fee are submitted for   | filing.  |
| Please return all correspondence concerning   | ng this matter to the fo  | ollowing:  |
| (Name of  | Contact Person)   |  |
|   | , -   |  |
| (Fin  | m/Company)  |  |
|   |   | ·  |
| (A  | (ddress)  |  |
| (City/Sta   | ate and Zip Code)   |  |
| For further information concerning this ma  | •   |  |
| Michael E Satterfield   | at (954)  | 6997989  |
| (Name of Contact Person)  | (Area Co  | de & Daytime Telephone Number)   |
| Enclosed is a check for the following amou  | unt:  |  |
| □ \$35 Filing Fee □ \$43.75 Filing Fee & Certificate of Status                                  | S43.75 Filing Fer<br>Certified Copy<br>(Additional copy in<br>enclosed) | Certificate of Status &  |
| MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 |   | 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 MJ CASH AND LOANS, INC.  | f State:                        |             |  |  |  |  |
|---------|--|---------------------------------|-------------|--|--|--|--|
| SECOND: | The document number of the corporation (if known): P14000097842  |                                 |             |  |  |  |  |
| THIRD:  | The date dissolution was authorized: 1/27/2015   |                                 |             |  |  |  |  |
|         | Effective date of dissolution if applicable:  (no more than 90 days after dissolution)   | file date)                      | <del></del> |  |  |  |  |
| FOURTH: | Adoption of Dissolution (CHECK ONE)  |                                 |             |  |  |  |  |
|         | Dissolution was approved by the shareholders. The number of votes cast f was sufficient for approval.  | or dissolu                      | tion        |  |  |  |  |
|         | ☐ Dissolution was approved by the shareholders through voting groups.  |                                 |             |  |  |  |  |
|         | The following statement must be separately provided for each voting group ento vote separately on the plan to dissolve:  | rtitled                         |             |  |  |  |  |
|         | The number of votes cast for dissolution was sufficient for approval by  | SECRET<br>TALLAHI               | 15 FEB      |  |  |  |  |
| ;       | (voting 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)  MICHAEL E. SATTERFIELD  (Typed or printed name of person signing) | TARY OF STATE<br>ASSEE, FLORIDA | 16 PM 1: 29 |  |  |  |  |
|         | President  |                                 |             |  |  |  |  |
|         | (Title of person signing)  |                                 |             |  |  |  |  |

Filing Fee: \$35