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Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	





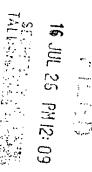
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AUG 03 2016

R. WHITE





1515 International Parkway Suite 1001 Lake Mary, FL 32746 407.333.0355 407.333.0352 fax WolfeFG.com

July 25, 2016

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: Abacos Nursery, Inc.

Abacos Nursery, LLC

dba Abacos Aquaponics dba Abacos Hydroponcis

To whom it may concern,

Please see the enclosed documents for Abacos Nursery, Inc. and Abacos Nursery, LLC. Ms. Martin is requesting that you please dissolve Abacos Nursery, Inc. and then Organized Abacos Nursery, LLC. She is also requesting that the original fictitious names be canceled from the Inc. and applied with the new LLC as the new owner.

Enclosed is a check for the following applications...

	\$35.00 -	Abacos Nursery, Inc. – Articles of Dissolution
	\$125.00 -	Abacos Nursery, LLC – Articles of Organization
	\$50.00 -	Abacos Hydroponics Fictitious Name Cancelation
	\$50.00 -	Abacos Aquaponics Fictitious Name Cancelation
	\$50.00 -	Abacos Hydroponics Fictitious Name Application for LLC
	\$50.00 -	Abacos Aquaponics Fictitious Name Application for LLC
Total	\$360.00	

Please call me with any questions.

MB. Elliott

Thank You,

Melisa B. Elliott Wolfe Financial Group 407-333-0355 ext. 211

## **COVER LETTER**

**TO:** Amendment Section

Tallahassee, FL 32314

**Division of Corporations** Abacos Nursery, Inc. SUBJECT: P16000018760 **DOCUMENT NUMBER:** The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Sherry Martin (Name of Contact Person) Abacos Nursery, LLC (Firm/Company) 4012 Messina Drive (Address) Lake Mary, FL 32746 (City/State and Zip Code) For further information concerning this matter, please call: Sherry Martin (Area Code) (Daytime Telephone Number) (Name of Contact Person) Enclosed is a check for the following amount: ■ \$35 Filing Fee □ \$43.75 Filing Fee & □ \$43.75 Filing Fee & □ \$52.50 Filing Fee, Certificate of Status Certificate of Status & Certified Copy (Additional copy is Certified Copy enclosed) (Additional copy is enclosed) **MAILING ADDRESS:** STREET ADDRESS: Amendment Section Amendment Section Division of Corporations **Division of Corporations** P.O. Box 6327 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:  Abacos Nursery, Inc.					
SECOND:	The document number of the corporation (if known):					
THIRD:	The date dissolution was authorized: 7-25-16					
	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)					
	<ul> <li>Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.</li> <li>Dissolution was approved by the shareholders through voting groups.</li> <li>The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:</li> <li>The number of votes cast for dissolution was sufficient for approval by</li> </ul>					
						24T
						(voting group)
		Sherry Martin				
		(Typed or printed name of person signing)				
	PSD					
	(Title of person signing)					