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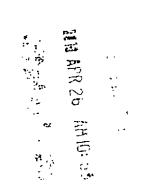
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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COVER LETTER

TO: Amendment Section

Division of Corporations SUBJECT: | corporation dissolution DOCUMENT NUMBER: The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: michael williams (Name of Contact Person) michael williams home selling team inc (Firm/Company) 10700 caribbean blvd suite 301 (Address) cutler bay .fl 33189 (City/State and Zip Code) For further information concerning this matter, please call: michael williams (Name of Contact Person) (Area Code) (Daytime Telephone Number) 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 Certified Copy Certificate of Status & (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 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 Depa	rtment o	ment of State:		
	michael williams home selling team inc				
SECOND:	The document number of the corporation (if known):	12	P(2) 2	*·	
THRD:	The date dissolution was authorized:			· ·	
	Effective date of dissolution if applicable: 02/19/2019		(i)	·	
	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)				
	Dissolution was approved by the shareholders. The number of vot was sufficient for approval.	es cast fo	or disso'	lution	
	☐ 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)				
<u> </u>	Signature: MMM				
	(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 fiducial that fiduciary)	ed, by iry, by			
	michaef williams				
	(Typed or printed name of person signing)				
I	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: michael williams home selling team inc Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution. Description of information that must be included in a claim: no activity Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 10700 caribbean blvd suite 301 .miami,fl 33189 A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice. michael williams Printed Name of the Person Filing Signature of the Person Filing