(Requestor's Name) (Address) (Address)	700301367027
(City/State/Zip/Phone #)	07/31/1701027025 **35.00
(Document Number) Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	MD AUG 0 4 2017 R. WHITE

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

The name of the corporation as currently filed with the Florida Department of State: FIRST: OE PAINTING CORP P17000044576 The document number of the corporation (if known): SECOND: The date dissolution was authorized: _____ THIRD: 07/24/2017 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) 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 Dierda Rivera 10 (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) (Typed or printed name of person signing)

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COVER LETTER

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TO: Amendment Section Division of Corporations	
SUBJECT:	
DOCUMENT NUMBER:	
The enclosed Articles of Dissolution and	fee are submitted for filing.
Please return all correspondence concernin	g this matter to the following:
ely R Mejia	
(Name of	Contact Person)
OE Painting Corp	
(Fin	m/Company)
2185 pretty In	
(A	(ddress)
West palm Beach FL 33415	
(City/Sta	ate and Zip Code)
For further information concerning this ma	atter, please call:
Ely R Mejia	at (
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount	unt:
■ \$35 Filing Fee □ \$43.75 Filing Fee & Certificate of Status	 \$43.75 Filing Fee & \$52.50 Filing Fee, Certified Copy (Additional copy is enclosed) (Additional copy is enclosed) (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