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SECRETARY OF STATE  
DIVISION OF CORPORATE  
03 APR 18 PM 3:08

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

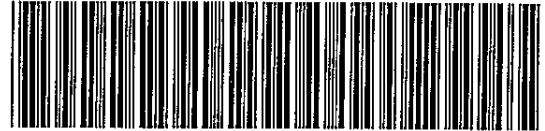
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V SHEPARD APR 24 2003

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**LMS PARALEGAL SERVICES INC.**

**P.O. Box 180335, Casselberry, FL 32718**

**Phone 407-925-7127**

**Fax 407-650-2669**

**Email: LMSPARALEGAL2@aol.com**

April 16, 2003

Enclosed please find dissolution paperwork for LMS Paralegal Services, Inc.

Thank-you.

Sheryl Sharp

## ARTICLES OF DISSOLUTION

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 APR 18 PM 3:08

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

FIRST: The name of the corporation is: LMS PARALEGAL SERVICES, INC.

SECOND: The date dissolution was authorized: April 1, 2003

THIRD: 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 vote of the shareholders through voting groups.

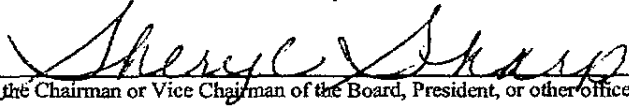
*The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:*

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

\_\_\_\_\_  
(voting group)

Signed this 1st day of April, 2003.

Signature \_\_\_\_\_

  
(By the Chairman or Vice Chairman of the Board, President, or other officer)

Sheryl Sharp

(Typed or printed name)

President

(Title)