## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338

Fax Number : (954)208-0845

## DISSOLUTION OR WITHDRAWAL RAX CO.

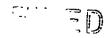
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| Certified Copy        | <u> </u> |
| Page Count            | 02       |
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C. GOLDEN



## ARTICLES OF DISSOLUTION

2019 OCT -8 AH 8: 52

| FIRST:  | The name of the corporation as currently filed with the Florida Department of State:   |  |
|---------|--|--|
|         | RAX Co.  |  |
| SECOND: | The document number of the corporation (if known):   |  |
| THIRD:  | The date dissolution was authorized: October 8, 2019   |  |
|         | Effective date of dissolution <u>if applicable:</u> (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 east 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 east for dissolution was sufficient for approval by  |  |
|         | (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)  |  |
|         | Lisa O. Taylor   |  |

(Title of person signing)