Phone # City/State/Zip Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Document #) (Corporation Name) (Corporation Name) (Document #) (Document #) (Corporation Name) (Corporation Name) (Document #) Certified Copy Pick up time Walk in Certificate of Status Photocopy Mail out Will wait AMENDMENTS NEW FILINGS Profit Amendment Resignation of R.A., Officer/Director NonProfit Change of Registered Agent Limited Liability Dissolution/Withdrawal Domestication Merger Other REGISTRATION/ OTHER FILINGS QUALIFICATION Ibldis Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark Other

Examiner's Initials

## ARTICLES OF DISSOLUTION

FILED

98 MAY 21 PH 12: 42

SECRETARY DE CYLT

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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

FIRST: The name of the corporation is: CAPRICCIO	OF
FIRST: The name of the corporation is: CAPRICCIO  SOUTH WEST FLORIDA, INC.	2
SECOND: The date dissolution was authorized: L/ / 30 / 9	8
THIRD: Adoption of Dissolution (CHECK ONE)	
Dissolution was approved by the shareholders. The number of votes cast for was sufficient for approval.	dissolution
☐ Dissolution was approved by vote of the shareholders through voting groups	
The following statement must be separately provided for each voting growentitled to vote separately on the plan to dissolve:	IP
The number of votes cast for dissolution was sufficient for approval by	
(voting group)	
Signed this 30 day of APRIL , 19	98
Signature (By the Chairman or Vice Chairman of the Board, President, or other officer)	<del></del>
TRRESA SAZUATORE  (Typed or printed name)	
PRESIDENT (Title)	