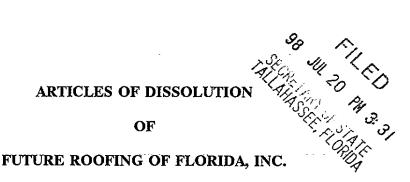
Requestor's Name 401 ETennessee Street Address Office Use Only \$50-561-8000 CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Certified Copy Pick up time - Walk in Certificate of Status ☐ Mail out ₩ill wait ☐ Photocopy AMENDMENTS NEW FILINGS Profit Amendment Resignation of R.A., Officer/Director NonProfit Change of Registered Agent Limited Liability Dissolution/Withdrawal Domestication Other REGISTRATION/ OTHER FILINGS **OUALIFICATION** Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark Other Examiner's Initials CR2E031(1/95)



Pursuant to the provisions of Section 607.1401 of the Florida Business Corporation Act, the undersigned, being the President of the corporation adopts the following articles of dissolution:

- 1. The name of the corporation is FUTURE ROOFING OF FLORIDA, INC..
- 2. The date of filing of its articles of incorporation is July 7, 1995.
- 3. None of the corporation's shares are currently outstanding. There are no shareholders at this time.
- 4. No debts of the corporation remain unpaid.
- 5. All of the officers and directors authorized that the corporation be dissolved.

IN WITNESS WHEREOF, I, the undersigned subscriber, above-named as the President of FUTURE ROOFING OF FLORIDA, INC., have hereunto set my hand and seal this 15th day of _______, 1998.

EDWARD H. McCARTY

2963 Byington Place

Tallahassee, Florida 32303

STATE OF FLORIDA COUNTY OF LEON

The foregoing instrument was acknowledged before me by EDWARD H. McCARTY, who has produced identification of who is personally known to me, and is known to be the person described in and who executed the foregoing instrument, and acknowledged to and before me that he executed said instrument for the purposes therein expressed.

WITNESS my hand and official seal, this $\frac{1}{2}$

, 1998.



Laurie T. Griffin
MY COMMISSION # CC644364 EXPIRES
May 5, 2001
BONDED THRU TROY FAIN INSURANCE, INC.

Type of Identification:

My Commission Expires: