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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6380

From: Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A.
Account Number : 076077001702
Phone : (407)841-1200
Fax Number : (407)423-1831

**DISSOLUTION OR WITHDRAWAL
RICHESON & COKE, P.A.**

Certificate of Status	0
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FILED
2017 JAN -6 AM 8:39
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TALLAHASSEE, FLORIDA

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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ARTICLES OF DISSOLUTION
OF
RICHESON & COKE, P.A.

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of Sections 607.1402 and 607.1403 of the Florida Statutes, the undersigned Florida corporation hereby adopts the following Articles of Dissolution:

ARTICLE I - NAME OF CORPORATION

The name of the corporation is RICHESON & COKE, P.A. (hereinafter referred to as the "Corporation").

ARTICLE II - DATE DISSOLUTION AUTHORIZED

The dissolution of the Corporation was authorized on November 30, 2016.

ARTICLE III - APPROVAL OF DISSOLUTION

The dissolution was approved by all of the shareholders of the Corporation by written consent dated November 30, 2016, pursuant to Section 607.0704 of the Florida Statutes, and the number of votes cast for dissolution was sufficient for approval.

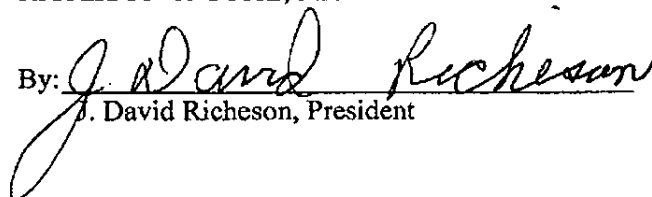
ARTICLE IV - EFFECTIVE DATE OF DISSOLUTION

The Corporation shall be dissolved effective December 31, 2016.

Dated this 30th day of November, 2016.

RICHESON & COKE, P.A.

By:


J. David Richeson, President

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Filing Fee: \$35

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "*Notice of Corporate Dissolution*" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: RICHESON & COKE, P.A.

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the *Articles of Dissolution*.

Description of information that must be included in a claim:

Name of claimant

Address of claimant

Amount of claim

Basis of claim (attach copy)

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

J. DAVID RICHESON

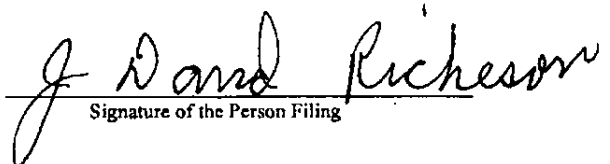
P.O. BOX 4048

FORT PIERCE, FLORIDA 34954

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

J. DAVID RICHESON

Printed Name of the Person Filing


Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00

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