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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : HOLLAND & KNIGHT

Account Number : 072100000016 : (813)227-8500

Phone Fax Number

: (813)229-0134

wheele/

## DISSOLUTION OR WITHDRAWAL ANCOS, INC.

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$43.75

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3/22/2011

FILED

## ARTICLES OF DISSOLUTION

11 MAR 22 PM 2: 34

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the to gowing a riches of dissolution:

FIRST:	The name of the corporation as currently filed with the Florida Department of State:
	Ancos, Inc.
SECOND:	The document number of the corporation (if known): P96000088043
THIRD:	The date dissolution was authorized: 3.22.2011
	Effective date of dissolution if applicable: n/a  (no more than 90 days after dissolution file date)
FOURTH:	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 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)
	Signature: Verally C. Cason  (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)
	Dorothy C. CASON (Typed or printed name of person signing)
	Diretor
	(Title of person signing)

Filing Fee: \$35

## **Notice of Corporate Dissolution**

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary disso	
Anaca inc	olution.
Name of Corporation: Ancos, Inc.	
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, date of claim, event giving rise to claim, amount	
claimed, and name, address and telephone number of contact to w	hom the
Corporation should reply regarding the claim.	
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)	
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)  100 N. Tampa Street, Suite 4100	
100 N. Tampa Street, Suite 4100	
100 N. Tampa Street, Suite 4100	
100 N. Tampa Street, Suite 4100	
	n is commenced

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