

P970000 31402

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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☐

MAIL

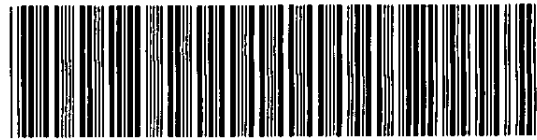
(Business Entity Name)

(Document Number)

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T. LEMUEUX

Handwritten signature/initials

■ LYNCH BREWER  
■ HOFFMAN & FINK LLP

*Attorneys at Law*

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JOHN P. DENNIS †  
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DALE C. KERESTER  
CHRISTINE B. WHITMAN \* †  
LISA CASEY LABELLE ■  
THOMAS J. CLEMENS  
SAMUEL B. GORSKI

\* ALSO ADMITTED IN CT  
† ALSO ADMITTED IN FL  
‡ ALSO ADMITTED IN ME  
♦ ALSO ADMITTED IN NH  
■ ALSO ADMITTED IN NY  
° ALSO ADMITTED IN PA  
§ RETIRED

October 19, 2017

**VIA FEDEX OVERNIGHT**

Florida Division of Corporations  
Amendment Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Re: VSS FINANCIAL CORP.

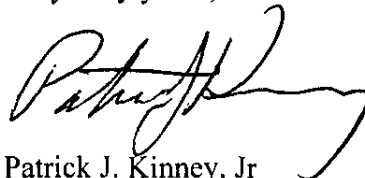
Dear Sir or Madam:

Attached please find a cover letter and Articles of Dissolution with respect to VSS Financial Corp. Also enclosed is our check in the amount of \$43.75 to cover the filing fee and Certificate of Status.

The document number of this corporation is **P97000039402**.

Kindly send the Certificate of Status in the enclosed self-addressed metered envelope.

Very truly yours,



Patrick J. Kinney, Jr

cc: Kim Roop  
VSS FINANCIAL CORP.

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Dissolution of VSS Financial Corp.

**DOCUMENT NUMBER:** P97000039402

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kim C. Roop

\_\_\_\_\_  
(Name of Contact Person)

\_\_\_\_\_  
(Firm/Company)

73 Union Square

\_\_\_\_\_  
(Address)

Somerville, MA 02143

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Patrick J. Kinney, Jr.

at (617) 951-0800

\_\_\_\_\_  
(Name of Contact Person)

\_\_\_\_\_  
(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(Additional copy is<br>enclosed) |
|--|---|---|---|

**MAILING ADDRESS:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION

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

FIRST: The name of the corporation as currently filed with the Florida Department of State:  
VSS Financial Corp.

SECOND: The document number of the corporation (if known): P97000039402

THIRD: The date dissolution was authorized: October 19, 2017

Effective date of dissolution if applicable: \_\_\_\_\_

(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 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: X

Kim Roop  
(By a director, president or other officer - if directors or officers have not been elected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

Kim C. Roop

Kim Roop

(Typed or printed name of person signing)

President

\_\_\_\_\_  
(Title of person signing)

FILED  
OCT 20 P 4 03  
DEPT. OF STATE  
TALLAHASSEE, FLORIDA