STATE OF ALABAMA

DOMESTIC LIMITED LIABILITY COMPANY (LLC) ARTICLES OF DISSOLUTION

PURPOSE: In order to dissolve a Limited Liability Company (LLC) under Section 10A-1-9.11 and 10A-5-7.06 of the Code of Alabama 1975 these Articles of Dissolution and the appropriate filing fees must be filed with the Office of the Judge of Probate in the county where the LLC's Certificate of Formation was recorded. The information required in this form is required by Title 10A.

20130607000232890 1/3 \$156.00 Shelby Cnty Judge of Probate, AL 06/07/2013 09:35:53 AM FILED/CERT

INSTRUCTIONS: Mail one (1) signed original and two (2) copies of this completed form and the appropriate filing fees to the Office of the Judge of Probate in the county where the

(For County Probate Office Use Only)

Limited Liability Company's Certificate of Formation was recorded. Contact the Judge of Probate's Office to determine the county filing fees. Make a separate check or money order payable to the Secretary of State for the state filing fee of \$100.00 and the Judge of Probate's Office will transmit the fees along with a certified copy of the Articles of Dissolution to the Office of the Secretary of State within 10 days after the filing is recorded. Once the Secretary of State's Office has indexed the filing, the information will appear at under the Government Records tab and the Business Entity Records link – you may search by entity name or number. You may pay the Secretary of State fees by credit card if the county you are filing in will accept that method of payment (see attached). Your dissolution will not be indexed if the credit card does not authorize and will be removed from the index if the check is dishonored.

This form must be typed or laser printed.

1. The name of the Limited Liability Company as recorded on the Certificate of Formation:

	AllSouth Mechanical Services, LLC		
2.	Alabama Entity ID Number (Format: 000-000): 022 NUMBER TO COMPLETE FORM: If you do not have our website at under the Government of the entity in the containing a dash to the left of the name is the entity ID redetails page to make certain that you have the correct entity of the same is the entity ID redetails page to make certain that you have the correct entity ID redetails page to make certain that you have the correct entity ID redetails page to make certain that you have the correct entity ID redetails page to make certain that you have the correct entity ID redetails page to make certain that you have the correct entity ID redetails page to make certain that you have the correct entity ID redetails page to make certain that you have the correct entity ID redetails page to make certain that you have the correct entity ID redetails page to make certain that you have the correct entity ID redetails page to make certain that you have the correct entity ID redetails page to make certain that you have the correct entity ID redetails page to make certain that you have the correct entity ID redetails page to make certain that you have the correct entity ID redetails page to make certain that you have the correct entity ID redetails page to make certain that you have the correct entity ID redetails page to make the correct entity ID redetails page to m	nent Records table appropriate be number. If you	Click on Business Entity Records, click on ox, and enter. The six (6) digit number click on that number, you can check the

This form was prepared by: (type name and full address)

Amanda Hiltbruner 105 Waltham Abbey Alabaster, Alabama 35007 (For SOS Office Use Only)

DOMESTIC LIMITED LIABILITY COMPANY (LLC) ARTICLES OF DISSOLUTION

3.	The date the Certificate of Formation	n was filed: <u>08</u> /	<u>05</u>	/ 2011	(format MM/DD/YYYY)
4.	Reason for filing the Articles of Dis	solution: <u>Business terr</u>	minat	ed owner	deceased.
				_	
5.	The effective date of the Articles of	Dissolution: 06 /	<u>06</u>	/ 2013	(format MM/DD/YYYY)
	06 / 06 / 2013				
Da	te (MM/DD/YYY)	Signature as requ	uired	by 10A-:	5-2.04(4)
		Amanda Hiltbrune	er		
		Typed Name of	Abov	e Signatu	ıre
		Typed Title/Capa	acity	to Sign u	nder 10A-5-2.04(4)



06/07/2013 09:35:53 AM FILED/CERT

Page 2 of 2

Center for Health Statistics Center for Health Statistics
ALABAMA CERTIFICATE OF DEATH File Number 101 2013-17421

1. DECEASED LEG	GAL NAME			· 图象图像 医原理系统				DATE AND TIME OF	DEA1H	
Jason David		r entered de Marie (1975) Production de Marie (1975)						May 9, 2013	09	
3. ALIAS NAME(II			ing the region of the second	ng langung sa	·			DATE AND TIME PRO		
None Give		6. CITY, TOV	VN OR LOCATION OF D	EATH AND ZIP		7. PLACE OF DEA		May 9, 2013	09	<u>八</u>
Shelby		Pelham,	35124			5016 F Wh	itling Drive			
8. HISPANIC ORIG	JIN	With the second	9. RACE			10. SEX		11.5	SERVED IN ARMED FORC	
No			White			Male		in the state of th	O	-100
1 2 1 1 1 2 2 2 1 1 2 1 1 1 1 1 1 1 1	NDER 1 YEAR ONTHS DAY	UNDER 1 DAY S HRS MINS	13. DATE OF BIRTH		14. STATE	OF BIRTH		15. SOCIAL SE	CURITY NUM	ĪBI
*41 m		grivery in pro-	May 4, 1972		Alaba	ma	#15 m 1			
16. MARITAL STA		7. SURVIVING SPOUS						RESIDENCE STATE		orieni Arieni Era
Married 19. RESIDENCE C		Amanda Smi	MN OR LOCATION AN	D ZIP	21.	STREET ADDRESS	A	labama		<u> </u>
Shelby			ter, 35007			05 Waltham	Δhhev			
	AME, RELATI	ONSHIP AND ADDRE			<u> </u>	vy altitalli	23. OCCUPATION			
Amanda	Hiltbruner,	Relationship	: Wife		;·	s s santa s	Contractor			:
							24. BUSINESS OR I	NDUSTRY		
	2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	Alabaster, A	labama 35007				Heating an	d Air		ingir Lan
25. FATHER'S NAM						'S MAIDEN NAME				
Don Hilth		28. DATE OF DIS	POSITION 29. CE	METERY OR CRE		Chambers	30. LOCATION			· · · · · · · · · · · · · · · · · · ·
Burial		May 13, 2		ferson Memo		,		am, Alabama	·	
31. FUNERAL HON	AE NAME AND			TC1SOII IVICIIIO			1711111111 <u>211</u>	32. LICENSE		
A Company of the Comp										· .
Jefferson N	Iemorial l	Funeral Home	e, P O Box 7, T	russville, A	L 35173					₹. * . * *.*
Jefferson N 33. funeral diri		Funeral Home	e, P O Box 7, T	russville, A	L 35173		NSE NUMBER	35. DATE SIGNED		
	ECTOR	Funeral Home	e, P O Box 7, T	russville, A	L 35173		NSE NUMBER	35. DATE SIGNED May 16, 20	13	
33. FUNERAL DIRI Albert May 36.	ECTOR					34. LICE		May 16, 20	13	
33. FUNERAL DIRI Albert May 36.	III AL CERT	IFICATION:	CERTIFYI	NG PHYSICIAN		234. LICE		May 16, 20		
33. FUNERAL DIRI Albert May 36. MEDIC 37. NAME	III AL CERT	IFICATION:		NG PHYSICIAN		234. LICE	_X_coron	May 16, 20 NER 39. DATE SIGNED		
Albert May 36. MEDIC 37. NAME Diana Stee	III AL CERT le New, C	IFICATION:	CERTIFYI	NG PHYSICIAN		234. LICE	_X_coron	May 16, 20		
33. FUNERAL DIRI Albert May 36. MEDIC 37. NAME Diana Stee 40. Address of p	III Le New, C ERSON WHO C	IFICATION:	CERTIFYI OF DEATH	NG PHYSICIAN		234. LICE	_X_coron	May 16, 20 NER 39. DATE SIGNED		
Albert May 36. MEDIC 37. NAME Diana Stee 40. Address of p PO Box 13 41. REGISTRAR	III Le New, C ERSON WHO C 21, Colum	IFICATION: oroner ompleted cause of the ca	CERTIFYI OF DEATH	NG PHYSICIAN		234. LICE	_X_coron	May 16, 20 SER 39. DATE SIGNED May 16, 20 42. DATE FILED	13	
Albert May 36. MEDIC 37. NAME Diana Stee 40. Address of P PO Box 13	III Le New, C ERSON WHO C 21, Colum	IFICATION: oroner ompleted cause of the ca	CERTIFYI OF DEATH	NG PHYSICIAN		234. LICE	_X_coron	May 16, 20 VER 39. DATE SIGNED May 16, 20	13	
Albert May 36. MEDIC 37. NAME Diana Stee 40. Address of P PO Box 13 41. REGISTRAR Catherine I	III Le New, Colum Al Colum Molchan I	IFICATION: oroner ompleted cause of the ca	certifyi of death ma 35051	NG PHYSICIAN	MI	EDICAL EXAMINER 38. LICE	_X_coron	May 16, 20 SER 39. DATE SIGNED May 16, 20 42. DATE FILED	13	
Albert May 36. MEDIC 37. NAME Diana Stee 40. Address of p PO Box 13 41. REGISTRAR Catherine I	III AL CERT le New, C ERSON WHO C 21, Colum Molchan I	IFICATION: oroner ompleted cause of the complete of the cause of the	certifyi of death ma 35051	NG PHYSICIAN CAUSE OF	MI	EDICAL EXAMINER 38. LICE	_X_coron	May 16, 20 SER 39. DATE SIGNED May 16, 20 42. DATE FILED	13	
Albert May 36. MEDIC 37. NAME Diana Stee 40. Address of P PO Box 13 41. REGISTRAR Catherine I	III AL CERT le New, C ERSON WHO C 21, Colum Molchan I	OFFICATION: OFFICATION: OFFICATIONS OFFICATIONS OFFICATIONS	CERTIFYI of DEATH ma 35051 That Caused Death	NG PHYSICIAN CAUSE OF	MI	EDICAL EXAMINER 38. LICE	_X_coron	May 16, 20 NER 39. DATE SIGNED May 16, 20 May 16, 20 INTERVAL	13	
Albert May 36. MEDIC 37. NAME Diana Stee 40. Address of P PO Box 13 41. REGISTRAR Catherine I	LECTOR IS INITIONAL CERT LE New, Column Accolumn Accolumn A. Guns A. Guns	IFICATION: oroner ompleted cause of the complete of the cause of the	CERTIFYI ma 35051 THAT CAUSED DEATION head	NG PHYSICIAN CAUSE OF	MI	EDICAL EXAMINER 38. LICE	_X_coron	May 16, 20 NER 39. DATE SIGNED May 16, 20 May 16, 20	13	
Albert May 36. MEDIC 37. NAME Diana Stee 40. Address of P PO Box 13 41. REGISTRAR Catherine I	III AL CERT le New, C ERSON WHO C 21, Colum Molchan I Es, INJURIES C A. Gun: DUE T B	OFFICATION:	CERTIFYI of DEATH ma 35051 THAT CAUSED DEATI head UENCE OF):	NG PHYSICIAN CAUSE OF	MI	EDICAL EXAMINER 38. LICE	_X_coron	May 16, 20 NER 39. DATE SIGNED May 16, 20 May 16, 20 INTERVAL	13	
Albert May 36. MEDIC 37. NAME Diana Stee 40. Address of P PO Box 13 41. REGISTRAR Catherine I	III AL CERT le New, C erson who c 21, Colum Molchan I a. Gun; due to	OFFICATION: OFFICATION: OFFICATIONS OFFICATIONS OFFICATIONS Shot wound to	CERTIFYI of DEATH ma 35051 THAT CAUSED DEATI head UENCE OF):	NG PHYSICIAN CAUSE OF	MI	EDICAL EXAMINER 38. LICE	_X_coron	May 16, 20 NER 39. DATE SIGNED May 16, 20 May 16, 20 INTERVAL	13	
Albert May 36. MEDIC 37. NAME Diana Stee 40. ADDRESS OF P PO Box 13 41. REGISTRAR Catherine I	III AL CERT le New, Colum Colum Al Colum Al Gun DUE TO Colum Colum AL Colum	OFFICATION: OFFICATION: OMPLETED CAUSE Of the control of the complications of the control of t	CERTIFYI THAT CAUSED DEATI head UENCE OF):	NG PHYSICIAN CAUSE OF	MI	EDICAL EXAMINER 38. LICE	_X_coron	May 16, 20 NER 39. DATE SIGNED May 16, 20 May 16, 20 INTERVAL	13	
Albert May 36. MEDIC 37. NAME Diana Stee 40. Address of p PO Box 13 41. REGISTRAR Catherine I 43. PART I. DISEAS IMMEDIATE CAUSE UNDERLYING	III AL CERT le New, Colum Colum Al Colum Al Gun DUE TO Colum Colum AL Colum	OFFICATION:	CERTIFYI THAT CAUSED DEATI head UENCE OF):	NG PHYSICIAN CAUSE OF	MI	EDICAL EXAMINER 38. LICE	_X_coron	May 16, 20 NER 39. DATE SIGNED May 16, 20 May 16, 20 INTERVAL	13	
Albert May 36. MEDIC 37. NAME Diana Stee 40. Address of p PO Box 13 41. REGISTRAR Catherine I 43. PART I. DISEAS IMMEDIATE CAUSE UNDERLYING CAUSE	III AL CERT le New, Colum Colum Al Colum Molchan I Es, Injuries of the column A. Gun; Due to the column C. Due to the column C. Due to the column Due to the column C. Due to the column Due to the column C. Due to the column Due to the column C. Due to the column Due to the column A. Due to the column C. Due to the column Due to the column C. Due to the column A. Due to the column C. Due to the column A. Due to the column A. Due to the column C. Due to the column A. Due to the column C. Due to the column A. Due to th	OFFICATION: OFFICATION: OFFICATION: OMPLETED CAUSE OF OBLICATIONS Shot wound to O (OR AS A CONSEQUENCE) O (OR AS A CONSEQUENCE) O (OR AS A CONSEQUENCE)	CERTIFYI THAT CAUSED DEATI head UENCE OF):	NG PHYSICIAN CAUSE OF	MI	EDICAL EXAMINER 38. LICE	_X_coron	May 16, 20 NER 39. DATE SIGNED May 16, 20 May 16, 20 INTERVAL	13	
Albert May 36. MEDIC 37. NAME Diana Stee 40. Address of p PO Box 13 41. REGISTRAR Catherine I 43. PART I. DISEAS IMMEDIATE CAUSE UNDERLYING CAUSE	III AL CERT le New, Colum Colum Al Colum Molchan I Es, Injuries of the column A. Gun; Due to the column C. Due to the column C. Due to the column Due to the column C. Due to the column Due to the column C. Due to the column Due to the column C. Due to the column Due to the column A. Due to the column C. Due to the column Due to the column C. Due to the column A. Due to the column C. Due to the column A. Due to the column A. Due to the column C. Due to the column A. Due to the column C. Due to the column A. Due to th	OFFICATION: OFFICATION: OFFICATION: OMPLETED CAUSE OF OBLICATIONS Shot wound to O (OR AS A CONSEQUENCE) O (OR AS A CONSEQUENCE) O (OR AS A CONSEQUENCE)	CERTIFYI of DEATH ma 35051 That caused Deati head UENCE OF): UENCE OF):	NG PHYSICIAN CAUSE OF	MI	EDICAL EXAMINER 38. LICE	_X_coron	May 16, 20 NER 39. DATE SIGNED May 16, 20 May 16, 20 INTERVAL	13	
Albert May 36. MEDIC 37. NAME Diana Stee 40. Address of p PO Box 13 41. REGISTRAR Catherine I 43. PART I. DISEAS IMMEDIATE CAUSE UNDERLYING CAUSE	III AL CERT le New, Control Erson who control A. Gun DUE To C. DUE To R SIGNIFICANT	OFFICATION: OFFICATION: OFFICATION: OMPLETED CAUSE OF OBLICATIONS Shot wound to O (OR AS A CONSEQUENCE OF CONDITIONS CONTINUED CONTINUED CONTINUED CONTINUED CONTINUED CONTINUED CONDITIONS CONTINUED CONTI	CERTIFYI OF DEATH Ima 35051 THAT CAUSED DEATI O head UENCE OF): UENCE OF): RIBUTING TO DEATH	CAUSE OF	DEATI	EDICAL EXAMINER 38. LICE	_X_coron	May 16, 20 May 16, 20 May 16, 20 May 16, 20 Interval minutes	13	
Albert May 36. MEDIC 37. NAME Diana Stee 40. Address of p PO Box 13 41. REGISTRAR Catherine I 43. PART IL DISEAS IMMEDIATE CAUSE UNDERLYING CAUSE	III AL CERT le New, Control Erson who control A. Gun DUE To C. DUE To R SIGNIFICANT	OFFICATION: OFFICATION: OFFICATION: OMPLETED CAUSE OF OBLICATIONS Shot wound to O (OR AS A CONSEQUENCE OF CONDITIONS CONTINUED CONTINUED CONTINUED CONTINUED CONTINUED CONTINUED CONDITIONS CONTINUED CONTI	CERTIFYI OF DEATH IMA 35051 STHAT CAUSED DEATI O head UENCE OF): UENCE OF): RIBUTING TO DEATH	CAUSE OF H	DEATI	EDICAL EXAMINER 38. LICE	_X_CORONNSE NUMBER	May 16, 20 NER 39. DATE SIGNED May 16, 20 42. DATE FILED May 16, 20 INTERVAL minutes OF INJURY	13	
Albert May 36. MEDIC 37. NAME Diana Stee 40. Address of p PO Box 13 41. REGISTRAR Catherine I CAUSE UNDERLYING CAUSE 44. PART II. OTHER 45. MANNER OF DI	LECTOR III AL CERT RESON WHO CE A. Guns DUE TO C. DUE TO R SIGNIFICANT EATH	OFFICATION: OFFICATION: OFFICATION: OMPLETED CAUSE OF OBLICATIONS Shot wound to O (OR AS A CONSEQUENCE OF CONDITIONS CONTINUED CONTINUED CONTINUED CONTINUED CONTINUED CONTINUED CONDITIONS CONTINUED CONTI	CERTIFYI OF DEATH Ima 35051 That caused deati head UENCE OF): UENCE OF): RIBUTING TO DEATH 6. PREGNANCY IN LAST 42 DAYS	CAUSE OF H	DEATI 48. FINDING	EDICAL EXAMINER 38. LICE	X CORONNSE NUMBER 49. DATE AND TIME	May 16, 20 NER 39. DATE SIGNED May 16, 20 42. DATE FILED May 16, 20 INTERVAL minutes OF INJURY	13	
Albert May 36. MEDIC 37. NAME Diana Stee 40. Address of p PO Box 13 41. REGISTRAR Catherine M 43. PART I. DISEAS IMMEDIATE CAUSE 44. PART II. OTHER Suicide 50. HOW INJURY OF DECEASED Deceased s Deceased s	AL CERT Le New, Colum Le New, Colum Al Colum Molchan I Les, Injuries of the column of the colum	Oroner OMPLETED CAUSE On biana, Alaba Donald OR COMPLICATIONS Shot Wound to O (OR AS A CONSEQUE) O (OR AS A CONSEQUE) CONDITONS CONT.	CERTIFYI OF DEATH Ima 35051 STHAT CAUSED DEATI O head UENCE OF): UENCE OF): RIBUTING TO DEATH 6. PREGNANCY IN LAST 42 DAYS NO	CAUSE OF H	DEATI 48. FINDING	EDICAL EXAMINER 38. LICE CS CONSIDERED	X CORONNSE NUMBER 49. DATE AND TIME	May 16, 20 NER 39. DATE SIGNED May 16, 20 42. DATE FILED May 16, 20 INTERVAL minutes OF INJURY		
Albert May 36. MEDIC 37. NAME Diana Stee 40. Address of p PO Box 13 41. REGISTRAR Catherine I CAUSE UNDERLYING CAUSE 44. PART II. OTHER Suicide 50. HOW INJURY OF THER 15. MANNER OF DI	AL CERT Le New, Colum Le New, Colum Al Colum Molchan I Les, Injuries of the column of the colum	Oroner OMPLETED CAUSE On biana, Alaba Onald OR COMPLICATIONS Shot wound to O (OR AS A CONSEQUE) O (OR AS A CONSEQUE) CONDITONS CONT.	CERTIFYI OF DEATH IMA 35051 STHAT CAUSED DEATI Chead UENCE OF): UENCE OF): UENCE OF): RIBUTING TO DEATH 6. PREGNANCY IN LAST 42 DAYS NO	CAUSE OF H	DEATI 48. FINDING	EDICAL EXAMINER 38. LICE GS CONSIDERED 53. LOCATION	X CORONNSE NUMBER 49. DATE AND TIME	May 16, 20 May 16, 20 May 16, 20 May 16, 20 INTERVAL minutes OF INJURY		

This is an official certified copy of the original record filed in the Center of Health Statistics, Alabama Department of Public Health, Montgomery, Alabama. 2013-254-842-9



