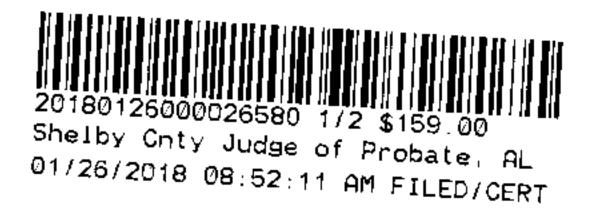
## STATE OF ALABAMA

## DOMESTIC BUSINESS CORPORATION ARTICLES OF DISSOLUTION

PURPOSE: In order to dissolve a Business Corporation (formerly known as For-Profit Corporation) under Section 10A-1-9.11 and 10A-2-14.03 of the <u>Code of Alabama 1975</u> 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 corporation's Certificate of Formation was recorded. The information required in this form is required by Title 10A.

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)

corporation'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 <a href="www.sos.alabama.gov">www.sos.alabama.gov</a> 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.

Ι.	The name of the corporation as recorded on the Certificate of Formation:
	ALABASTER FLORIST INC
2.	Alabama Entity ID Number (Format: 000-000): 247 - 990 INSTRUCTION TO OBTAIN ID NUMBER TO COMPLETE FORM: If you do not have this number immediately available, you may obtain it on our website at <a href="https://www.sos.alabama.gov">www.sos.alabama.gov</a> under the Government Records tab. Click on Business Entity Records, click on Entity Name, enter the registered name of the entity in the appropriate box, and enter. The six (6) digit number containing a dash to the left of the name is the entity ID number. If you click on that number, you can check the details page to make certain that you have the correct entity – <a href="https://www.sos.alabama.gov">this verification step is strongly recommended</a> .
	(For SOS Office Use Only)

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

DENISE GRAHAM, CPA 5 BROWN CIRCLE ALABASTER AL 35007

## DOMESTIC BUSINESS CORPORATION ARTICLES OF DISSOLUTION

3. The date the dissolution was authorized: 12 / 31 / 2017 (format MM/DD/YYYY)			
	Item 4, 5, or 6 MUST be checked	l/completed with any appropriate attachments.	
4.	4. The dissolution was approved by the shar	eholders. The number of votes entitled to be cast on the	
	proposal to dissolve was 1 one of the following:	(this information is required for item a or b). Complete	
	a. The total number of votes cast for	dissolution was 1 and the total number of votes cast	
	against dissolution was <u>0</u>	•	
	b. The total number of undisputed vo sufficient number of votes to appre		
5.	Dissolution by voting groups was required, the information required in item 4 above is provided for each voting group and is attached to and made part of this Articles of Dissolution document.		
6.	6. The dissolution was approved by written consent of all shareholders under Section 10A-2-14.02(f) and a copy of the written consent or consents signed by all the shareholders of the corporation is attached to and made part of this Articles of Dissolution document.		
7.	Probate. The corporation may file a Revoc	the date the document is recorded in the Office of the Judge of cation of Dissolution with the Office of the Judge of Probate the 120 days for Revocation lapse, a corporation cannot revoke the of Formation.	
<u>01</u> Da	01 / 19 / 2018 Date (MM/DD/YYYY) Sign	ature as required by 10A-2-1.20	
	<del></del>	RY D. FAUST, JR ed Name of Above Signature	
	OWI Type	NER ed Title/Capacity to Sign under 10A-2-1.20	