

State of Rhode Island

Department of State - Business Services Division

Articles of Dissolution

DOMESTIC Limited Liability Company

→ Filing Fee: \$50.00

| Articles of Dissolution: | 5L 7-10-47, the undersigned hereby submits the following | | |
|--|---|--|--|
| 1. Entity ID Number: | 2. The name of the limited liability company is: | | |
| 000123341 | Kids Campus Preschool & Daycare U.C. | | |
| 3. The date of filing of its original | Articles of Organization was: 3 - 04 - 200 Z | | |
| 4. The dates of filing of all amen | dments to the original Articles of Organization or the most recent restatement, if any, and | | |
| all subsequent amendments the ONLY/L AI/ AII LOZD U | ast Rejustatement was 8/19/2016 muel Reports Current was Filed 9/30/2020 | | |
| 5. The reason(s) for filing the An | ticles of Dissolution are: 5060 14 2020 | | |

6. State any other information or provision, not inconsistent with law, which the members or authorized person signing the Articles of Dissolution elect to set forth:

7. The limited liability company certifies that it has no outstanding tax obligations. As required by RIGL 7-16-8, the limited liability company has paid all fees and taxes. [Note: tax status can be verified by emailing tax.collections@tax.ri.gov.]

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov **FILED**

SEP 0 7 2021

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STAMP

FORM 404- Revised: 07/2021

| 8. Date when these Articles of Dissolution will be effective: CHECK ONE BOX ONLY | | | |
|---|----------------|-----------|--|
| Date received (Upon filing) | | | |
| Effective date (which shall be a date certain) | | | |
| Under penalty of perjury, I declare and affirm that I have examined these Articles of Dissolution, including any accompanying attachments, and that all statements contained herein are true and correct. | | | |
| Name of Authorized Person | Street Address | | |
| JASON Brown | 134 Crius m | n Ishe br | |
| City/Town | State | Zip Code | |
| Jupiter | FL | 33478 | |
| Signature of Authorized Person Date | | | |
| | | 9-2-2021 | |
| | | | |

RI SOS Filing Number: 202101065230 Date: 9/7/2021 2:27:00 PM



I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this
office on this day:

September 07, 2021 02:27 PM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

