

## ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, Florida Statutes, this Florida corporation submits the following Articles of Dissolution:

- FIRST: The name of the corporation as currently filed with the Florida Department of State:  
JOHN ALDER (SOUTH AMERICA), INC.
- SECOND: The document number of the corporation: P01000086335
- THIRD: The file date of the articles of incorporation: August 31, 2001
- FOURTH: None of the corporation's shares have been issued.
- FIFTH: No debt of the corporation remains unpaid.
- SIXTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.
- SEVENTH: A majority of the directors authorized the dissolution.

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: JOHN ALDER PRESIDENT  
Electronic Signature of Signing Officer, Director, Incorporator or Authorized Representative

## **Notice of Corporate Dissolution**

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

Name of Corporation:

JOHN ALDER (SOUTH AMERICA), 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:

1) NAME, ADDRESS AND TELEPHONE NUMBER OF CLAIMANT. 2) COPY OF INVOICE FOR SERVICES SHOWING AMOUNT OF CLAIM AND FULL DETAILS OF SERVICES ALLEGEDLY RENDERED. 3) PROOF THAT INVOICE WAS RECEIVED BY JOHN ALDER SOUTH AMERICA INC

Mailing address where claims can be sent:

11395 SW 95 ST  
MIAMI, FL 33176

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: JOHN ALDER

Electronic Signature of the Person Filing