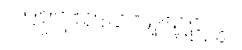
(Re	equestor's Name)	
(Ad	ddress)	
(A	ddress)	
	·	
(Ci	ty/State/Zip/Phone #)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Name)	
(De	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
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	1mills	
	Office Use Only	



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03/05/24--01013--004 **25.00





COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: BUSINUSS CLOSED
DOCUMENT NUMBER: PO 90000 99070
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Christophen Mista (Name of Contact Person)
No Extra Charge INC
11300 Claridm Troy Rd (Address) Chardm Ohio 44074 (City/State and Zip Code)
Chard on Ohio 44074 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (440 - 759 - 3464 (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount:
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee, Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional copy is enclosed)
Mailing Address: Amendment Section Division of Corporations Physician of Corporations

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

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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	
	No Extra Charge INC
SECOND:	The document number of the corporation (if known):
THIRD:	The date dissolution was authorized: $\frac{12 31/33}{12 31/33}$
	Effective date of dissolution if applicable: 13/3/13 Superior Supe
	Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date with not be listed as the document's effective date on the Department of State's records.
FOURTH:	Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.
X si	(By a director, presidence or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)
_	Christiana Mista (Typed or printed name of person signing)
_	O Will of purson signing)

Filing Fee: \$35

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.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution. The above named corporation is the subject of dissolution and the effective date of a dissolution is: (date filed with the Dept, if date specified in the Articles of Dissolution) Description of information that must be included in a claim: Mailing address where written claims can be sent: (Claims cannot be sent to the Division of Corporations) 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.

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00