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(((H25000176553 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : BARRON & REDDING, P.A.

Account Number : 073617000710 Phone : (850)785-7454

: (850)785-2999 Fax Number

DISSOLUTION OR WITHDRAWAL MACETECH SECURITY SOLUTIONS INC.

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ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIKS1:	MACETECH SECURITY SOLUTIONS, INC.			
SECOND:	The document number of the corporation (if known):			
THIRD:	The date dissolution was authorized: May 9, 2025			
	May 9, 2025 Effective date of dissolution if applicable: (no more than 90 days after dissolution file date) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date not be listed as the document's effective date on the Department of State's records.	- wiil		
FOURTH:	Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation. Signature: (By a director, president 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)	2025 HAY 15 PH 4: 18		
	Russell Mace	_		
•	(Typed or printed name of person signing)			
	CEO	_		
	(Title of person signing)	•		

Filing Fee: \$35

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Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for against this corporation as provided in s. 607.1407, F.S.	resolution of payment of unknown claims
This "Notice of Corporate Dissolution" is optional and is not required	when filing a voluntary dissolution.
.	
Name of Corporation: MACETECH SECURITY SOLUTIONS, INC.	· · · · · · · · · · · · · · · · · · ·
The above named corporation is the subject of dissolution and the effect	tive date of a dissolution is:
May 9, 2025	1
(date filed with the Dept. if date specified in the	sticles of Dissolution)
tone with the Expl. is the Expl. is the Expl. in the Expl	Stellars of Dissillation)
Description of information that must be included in a claim:	
Amount of Claim	
Basis for claim, including copies of any and all documentation to support the	Plairn
Claimant contact information (name, address, phone number, and email)	
Mailing address where written claims can be sent: (Claims cannot be se	nt to the Division of Corporations)
Barron & Redding, P.A.; Attn: Valentina M. Palmer, Esq.	
220 McKenzie Avenue	
Panama City, FL 32401	
A claim against the above named corporation will be barred unless a prowithin 4 years after the filing of this notice.	oceeding to enforce the claim is commenced
Russell Mace, CBO	Sworth D Man
Printed Name of the Person Filing	Signature of the Person Filing