Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000224986 3)))



H210002249863ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

Account Name

: LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019

Phone

: (305)552-5973

Fax Number

: (305)675-5944

## DISSOLUTION OR WITHDRAWAL PHANTA TINTS CORPORATION

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

## ARTICLES OF DISSOLUTION

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

FIRST:	The name of the corporation as currently filed with the Florida Department of State:		
SECOND	The document number of the corporation (if known): \[ \begin{array}{c} 20000073391		
THIRD:	The date dissolution was authorized: 6-7-21		
	Effective date of dissolution if applicable:  (no more than 90 days after dissolution file date)		
FOURTH:	Adoption of Dissolution (CHECK ONE)		
	Dissolution was approved by the shareholders. The number of vo es cast for dissolution was sufficient for approval.		
	Dissolution was approved by the shareholders through voting gro aps.		
	The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:		
	The number of votes cast for dissolution was sufficient for approval by		
	Signature: X  (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 fidus: ary, by that fiduciary)  (Typed or printed name of person signing)  (Title of person signing)		