From: 3055309409

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.

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : NEIMAN & INTERIAN, PLLC

Account Number : I20180000010 Phone : (305)530-9400 Fax Number : (305)530-9409

> DISSOLUTION OR WITHDRAWAL MTDHOUSE INVESTMENT CORP

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m 8/29/20

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ARTICLES OF DISSOLUTION

From: 3055309409

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 State: MTDHOUSE INVESTMENT CORP
SECOND:	The document number of the corporation (if known):
THIRD:	The date dissolution was authorized: 8/19/2025
	Effective date of dissolution <u>if applicable:</u> (no more than 90 days after dissolution file date) Note: If the date inserted in this block does not meet the applicable statutory fifing requirements, this date will 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. Signature: (By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the bands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)
	Mauro Ferreira Franco
	(Typed or printed name of person signing)
	President
	(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 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.

From: 3055309409

Name of Corporation:	MTDHOUSE INVESTMENT CORP	
The above named corporation is the	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 the con-		
Description of information that mu	nust be included in a claim:	
Detailed description of claim together	er with proof of claim.	r.a
		25
		. J
Mailing address where written clair	ims can be sent: (Claims cannot be sent to the Division of Corporati	ions)
19495 BISCAYNE BOULEVARD		
SUITE 409		
AVENTURA, FLORIDA 33180		
A claim against the above named co within 4 years after the filing of this	orporation will be barred unless a proceeding to enforce the claim is notice.	s commenced
Mauro Ferreira Fra	- Mariana a con	J
Printed Name of the P	Person Filing Signature of the Person Filing	#

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