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(((H240000849173)))



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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

: CAPITOL SERVICES, INC. Account Name

Account Number : I20160000017 Phone

: (855)498-5500

Fax Number

: (800)432-3622

## DISSOLUTION OR WITHDRAWAL NORTEL NETWORKS (CALA) INC.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$43.75

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Tallahassee, FL 32314

## **COVER LETTER**

TO: Amendment Section Division of Corporations			
SUBJECT: NORTEL NETWORKS (CALA) IN	c.		
DOCUMENT NUMBER: 482098			
The enclosed Articles of Dissolution and fe	ee are submitted for filin	g.	
Please return all correspondence concerning	this matter to the follow	ving:	
Demitrianna Grekos		2024 MAR -4 AM 9: 03	
(Name of C	Contact Person)	£ .	4
Hunton Andrews Kurth LLP	-0.0	SSE SSE	6
(Firm	n/Company)		<u>)</u>
333 SE 2nd Avenue, Suite 2400			)
(Ac	idress)		
Miami, FL 33131			
(City/Stat	e and Zip Code)		
For further information concerning this mat	ter, please call:		
Demitrianna Grekos	at ( 305.810.2572		
(Name of Contact Person)	(Area Code)	(Daytime Telephone Number	)
Enclosed is a check for the following amoun	at:		
□ \$35 Filing Fee □ S43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)	
Mailing Address:		t Address:	
Amendment Section Division of Corporations	Amendment Section Division of Corporations		
P.O. Box 6327	The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

H240000849173

## 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 State:  NORTEL NETWORKS (CALA) INC.		
SECOND:	The document number of the corporation (if known):		
THIRD:	The date dissolution was authorized: February 22, 2024	_	
	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.	W	
FOURTH:	Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.	j	
S	Signature:	-	
	(By a diffecter, 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)		
	John J. Ray, III		
•	(Typed or printed name of person signing)	_	
	Director	_	
·	(Title of person 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.

Name of Corporation: NORTEL NETWORKS (CALA) INC.	
The above named corporation is the subject of dissolution and the eldate filed with the Dept.	ffective date of a dissolution is:
(date filed with the Dept. if date specified in t	the Articles of Dissolution)
(and the state and appeared in	an fraction of Distriction,
Description of information that must be included in a claim:	20241
Claim must be in writing and include the name of the claimant, the amount	
for the claim.	
	SE H 9
	03
Mailing address where written claims can be sent: (Claims cannot be 2600 South Shore Blvd., Suite 300, League City, Texas 77573.	
A claim against the above named corporation will be barred unless a within 4 years after the filing of this notice.  John J. Ray, III  Printed Name of the Person Filing	a proceeding to enforce the claim is commenced.  Signature of the Person Filing
rnned Name of the Person Filing	ashware of me Leizon Litting

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

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