

L13000126281

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

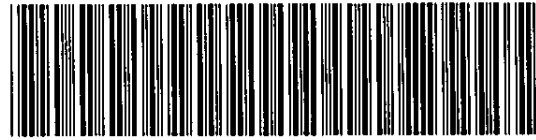
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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15 JUL 29 PM 2:28
DIVISION OF CORPORATIONS

JUL 20 2015
J BRUCE

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 726665 4336650
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 35.00

ORDER DATE : July 29, 2015
ORDER TIME : 10:15 AM
ORDER NO. : 726665-005
CUSTOMER NO: 4336650

DOMESTIC FILINGS

NAME: ALPHA MALE CLUB, LLC

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XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - EXT# 62935

EXAMINER'S INITIALS: _____

ARTICLES OF DISSOLUTION
OF
ALPHA MALE CLUB, LLC
(a Florida limited liability company)

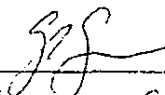
1. The name of this limited liability company is ALPHA MALE CLUB, LLC (the "Company").

2. The Articles of Organization of the Company were filed on September 4, 2013 and assigned document number L13000126281.

3. Dissolution of the Company was approved by the Written Consent of the Members in accordance with section 605.0701, Florida Statutes.

IN WITNESS WHEREOF, the undersigned has executed this Articles of Dissolution of ALPHA MALE CLUB, LLC this 28th day of April, 2015.

NIWALI USA CORPORATION

By: 

Name: Giancarlo Coppola

Title: Manager

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TALLAHASSEE, FLORIDA

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Notice of Limited Liability Company Dissolution

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: Alpha Male Club, LLC

Document number of Limited Liability Company is: L13000126281

Date of dissolution was: 07/29/2015

Description of information that must be included in a written claim:

A claim should include the amount allegedly owed, the facts of, or basis for, the claim, the date on which the claim accrued, whether the claim is secured, unsecured, and/or contingent, and copies of any invoices, contracts, purchase orders, instruments of indebtedness and any other information in your possession on which a claim is based.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Giancarlo Cappuccio
18851 NE 29th Avenue, Suite 792
Aventura, FL 33180

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TALLAHASSEE, FLORIDA

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A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Giancarlo Cappuccio

Printed Name of the Person Filing


Signature of the Person Filing