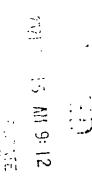
14000148118

(Requestor's Name)
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JUN 1 / 2021

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 863342 7340056

AUTHORIZATION CAPABOLIC FILE...

COST LIMIT : \$25.00

ORDER DATE : June 14, 2021

ORDER TIME : 4:52 PM

ORDER NO. : 863342-005

CUSTOMER NO: 7340056

DOMESTIC FILINGS

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker - EXT#

EXAMINER'S INITIALS:

	COVE	R LETTER		
	stration Section ion of Corporations			
SUBJECT:	AVITA, LLC			
SUBJECT: _	(Name of Limit	ted Liability Compa	uny)	
The enclosed i	Articles of Dissolution and fee(s) are submit	tted for filing.		
Please return a	III correspondence concerning this matter to	the following:		
	JULIEN BIGAN			
	(Na	ne of Person)		
	ICORA, INC			
	(Fir	m/Company)		
	2019 NW 89th PL			
		(Address)		
	Doral , FL 33172			
	(City/Sta	ate and Zip Code)		
For further info	ormation concerning this matter, please call	:		
ROMANO COUTROT		929 at (360 6622	
	(Name of Person)		ode & Daytime Telephone Number)	
Enclosed is a ch	eck for the following amount:			
S25.00 Filing Fee and Certificate of Dissolution		☐ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)		

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is AVITA LLC
2.	The Articles of Organization were filed on
	document number L14000148118
3.	The delayed effective date the dissolution if not effective on the date of filing: (effective date cannot be prior to or more than 90 days later than date document is received for filing) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
4.	A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).
	The consent of all the members.
	The consent of all the members.
•	The consent of all the members.
5.	If there are no members, enter the name and address of the person appointed to wind up the company's
	activities and affairs:
	12 12
	Signature of an authorized person or if there are no members, the signature of the person appointed and listed ove to wind up the company's activities and affairs:
_	JULIEN BIGAN
	Signatur Printed Name
	FILING FEE: \$25.00