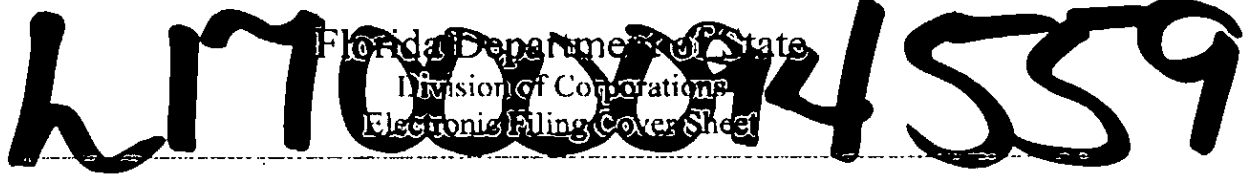


4/8/2019

Division of Corporations



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.

(((H19000115770 3)))



H190001157703ABC+

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Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (514)280-3338
Fax Number : (954)208-0845

LLC DISSOLUTION OR WITHDRAWAL
INTERNATIONAL HOCKEY ACADEMY FLORIDA DIVISION LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

2019 APR -8 AM 9:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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9133 HD 0-6016102
2019 APR 8 PM 3:16

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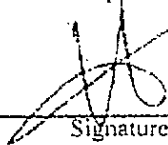
1.6
04/09/19

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is
INTERNATIONAL HOCKEY ACADEMY FLORIDA DIVISION LLC
2. The Articles of Organization were filed on April 28, 2017 and assigned
document number L17000094559
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).
Decision not to proceed with this limited liability company

5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs:
Vance Langford
c/o Langford Law
Suite 1120, 888 - 3rd Street SW
Calgary, AB, CANADA T2P 5C5

6. Signature of an authorized person or if there are no members, the signature of the person appointed and
listed above to wind up the company's activities and affairs:



SignatureVance Langford_____
Printed Name**FILING FEE: \$25.00**

2019 APR - 8 AM 9:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AND
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