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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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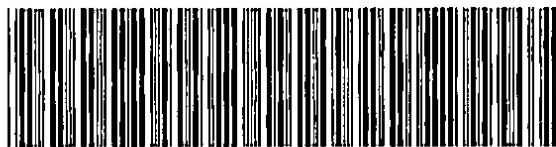
(Business Entity Name)

(Document Number)

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2020 SEP -2 PM 7:48

SECRETARY OF STATE
TALLAHASSEE, FL

D BRUCE
OCT 16 2020

ARTICLES OF DISSOLUTION
FOR NORTON GP, LLC

Pursuant to the provisions of §605.0707, Florida Statutes, NORTON GP, LLC, a Florida Limited Liability Company, (the "Company") whose Articles of Organization were filed with the Florida Department of State on May 10, 2018 (assigned Florida Document Number L18000114137) hereby submits these Articles of Dissolution as follows:

1. The Company has ceased to do business, and therefore, on the unanimous consent of the manager and members and the manager has been authorized to dissolve, liquidate and wind up the Company's business affairs, including the signing and filing of these Articles of Dissolution.
2. A Notice of Limited Liability Company Dissolution is attached.
3. The effective date for the Company's dissolution shall be on the filing of the Articles of Dissolution.

EXECUTED by the Company's authorized manager this 22nd day of May, 2020 ~~xxxx~~ ~~2019~~

NORTON GP, LLC

By: David A. Norton
David A. Norton, Manager

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SECRETARY OF STATE
TALLAHASSEE, FL

NOTICE OF LIMITED LIABILITY COMPANY DISSOLUTION

This notice is submitted by the dissolved a Florida limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in §605.0712, Florida Statutes.

This Notice of Dissolution for Florida Limited Liability Limited Partnership (the "Notice") is optional and is not required when filing Articles of Dissolution.

The date of dissolution will be the date of the filing of the Articles of Dissolution with the Florida Secretary of State.

The name of the a Florida limited liability company is **NORTON GP, LLC, a Florida limited liability company** (the "Company"), with Florida Document Number L18000114137.

This Notice requires that persons with claims against the Company which are unknown to the Company must be submitted in accordance with this Notice.

Any such claim against the Company must include the following information in a written notice of claim:

Please describe with specificity the nature of the claim, the amount of the claim,
the date that the claim arose and the date of discovery of the claim.

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

**NORTON GP, LLC
1337 Brighton Way
Lakeland, Florida 33813**

A claim against the Company will be barred unless a proceeding to enforce the claim is commenced within four (4) years after the filing of this Notice.

COMPANY:

NORTON GP, LLC

By: _____

David A. Norton
David A. Norton, as Manager

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STATE OF FLORIDA
TALLAHASSEE, FL