

L18000182033

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

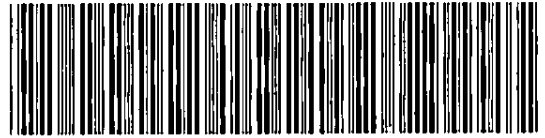
(Business Entity Name)

(Document Number)

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2023 MAR -8 PM 3:58

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2023 MAR -8 AM 10:13

STATE OF MISSISSIPPI
COUNTY OF _____

3/9/2023

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

ACCOUNT NO. : I20000000195

REFERENCE : 554377 4358237

AUTHORIZATION :



COST LIMIT : \$ 25.00

ORDER DATE : March 8, 2023

ORDER TIME : 12:53 PM

ORDER NO. : 554377-005

CUSTOMER NO: 4358237

DOMESTIC FILINGS

NAME: SALARIUS LLC

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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

CONTACT PERSON: Alexxis Weiland-sorenson - EXT#

EXAMINER'S INITIALS: _____

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

FILED
2023 MAR -8 AM 10:13
SEC. OF STATE
TALLAHASSEE, FL

1. The name of a limited liability company is

Salaris LLC

2. The Articles of Organization were filed on October 22, 2019 07/30/2018 and assigned

document number L18000182033

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: _____

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:


Signature

KONRAD DABROWSKI

Printed Name

FILING FEE: \$25.00