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(F	Requestor's Name)			
(Address)				
(A	Address)			
(0	City/State/Zip/Phone #)			
	WAIT	MAIL		
	Business Entity Name)			
	Document Number)			
Certified Copies	Certificates of	Status		
Special Instructions to Filing Officer:				
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ALLAHABSEE, FLUME.

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

	ACCOUNT NO.	:	1200000	00195	
	REFERENCE	:	897878	8171403	
	AUTHORIZATION	<u>i</u>			
	COST LIMIT	T T	\$ 25.00	Mala	
			0		
ORDER DATE :	July 8, 2021				
ORDER TIME :	10:22 AM				
ORDER NO. :	897878-010				
CUSTOMER NO:	8171403				

DOMESTIC FILINGS

NAME: HUMANITARIAN SCIENTIFIC 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: Eyliena Baker - EXT#

EXAMINER'S INITIALS:

COVER LETTER

TO: Registration Section Division of Corporations

HUMANITARIAN SCIENTIFIC LLC

SUBJECT:

.

(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SAMUEL MIKAIL

(Name of Person)

HS MANUFACTURING GROUP LLC

(Firm/Company)

41 MADISON AVENUE, 31ST FLOOR

(Address)

NEW YORK, NY 10010

(City/State and Zip Code)

For further information concerning this matter, please call:

LUCY LEE	202	802-7742
	at ()
(Name of Person)	(Area C	ode & Daytime Telephone Number)

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee and Certificate of Dissolution

□ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY



1. The name of a limited liability company is HUMANITARIAN SCIENTIFIC LLC

2. The Articles of Organization were filed on MAY 23, 2019 and assigned

document number _____

- 3. The delayed effective date the dissolution if not effective on the date of filing: <u>JULY 8, 2021</u> (effective date cannot be prior to or more than 90 days later than date document is received for filing) <u>Note:</u> 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.
- 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).
 CONSENT OF ALL MEMBERS TO DISSOLVE THE LLC

CONSENT OF ALL MEMBERS TO DISSOLVE THE LLC

CONSENT OF ALL MEMBERS TO DISSOLVE THE LLC

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:

ignature

SAMUEL MIKAIL

Printed Name

FILING FEE: \$25.00