420000051726

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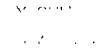
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COVER LETTER

10:	Registration Section Division of Corporations		
SURJE	ECT: Polaris Distribution Services, LLC		
	Name of Lin	nited Liability Cor	npany
	closed Statement of Revocation of Dissolution ted for filing.	n for Florida Limit	ed Liability Company and fee(s) are
Please	return all correspondence concerning this mat	iter to:	
Maggi	e Giordano, Paralegal		
	Contact Person		_
Rosenl	berg, Martin, Greenberg, LLP		
	Firm/Company		_
25 S. C	Charles Street, 21st Floor		_
	Address		_
Baltim	nore, MD 21201	_	_
	City, State and Zip Code		_
	ro@polarisrx.com		_
E-1	mail address: (to be used for future annual rep	ort notification)	
	ther information concerning this matter, pleas		
Maggi	e Giordano	_ at (_)
	Name of Contact Person	Area Code	Daytime Telephone Number
	Mailing Address:		Street Address:
	Registration Section		Registration Section
	Division of Corporations		Division of Corporations
	P.O. Box 6327		The Centre of Tallahassee
	Tallahassee, FL 32314		2415 N. Monroe Street, Suite 81

Tallahassee, FL 32303

STATEMENT OF REVOCATION OF DISSOLUTION FOR FLORIDA LIMITED LIABILITY COMPANY

Pursuant to section 605.0708, Florida Statutes, this Florida limited liability company revokes its articles of dissolution prior to the expiration of 120 days following the effective date (or file date, if no effective date) of the articles of dissolution.

1.	Polaris Distribution Services, LLC The name of the company is:
2.	The document number of the company is
3.	The effective date the Dissolution was filed is
4.	The revocation of dissolution was authorized on
5.	A copy of the Articles of Dissolution is attached.
	Folk M. Br. Robert Berman, Authority Party
	City of Company and the submit the appearance of dissolution (1)
	Signature of person authorized to submit the revocation of dissolution Signature of person authorized to submit the revocation of dissolution Signature of person authorized to submit the revocation of dissolution Signature of Parson authorized to submit the revocation of dissolution Signature of Parson authorized to submit the revocation of dissolution Signature of Parson authorized to submit the revocation of dissolution Signature of Parson authorized to submit the revocation of dissolution Signature of Parson authorized to submit the revocation of dissolution Signature of Parson authorized to submit the revocation of dissolution Signature of Parson authorized to submit the revocation of dissolution Signature of Parson authorized to submit the revocation of dissolution Signature of Parson authorized to submit the revocation of dissolution Signature of Parson authorized to submit the revocation of the Parson authorized to submit the
	Filing Fee: \$100.00

Certified Copy: \$30.00 (optional)

CR2E132 (10/15)

State of Florida Department of State

I certify from the records of this office that POLARIS DISTRIBUTION SERVICES, LLC was a limited liability company organized under the laws of the State of Florida, filed on February 13, 2020, effective February 13, 2020.

The document number of this limited liability company is L20000051726.

I further certify that said limited liability company was voluntarily dissolved on May 11, 2021.

Given under my hand and the Great Seal of Florida, at Tallahassee, the Capital, this the Thirteenth day of May, 2021



Secretary of State

Authentication ID: 100366072721-051321-L20000051726

To authenticate this certificate, visit the following site, enter this ID, and then follow the instructions displayed.

https://efile.sunbiz.org/certauthver.html

FILED May 11, 2021 Secretary of State

ARTICLES OF DISSOLUTION

Pursuant to section 605,0707, Florida Statutes, this Florida limited liability company submits the following Articles of Dissolution:

The name of the limited liability company as currently filed with the Florida Department of State:

POLARIS DISTRIBUTION SERVICES, LLC

The document number of the limited liability company: L20000051726

The file date of the articles of organization: February 13, 2020

A description of occurance that resulted in the limited liability company's dissolution:

THE MEMBER(S) WISH TO DISSOLVE THE ENTITY AND HAVE TAKEN ALL LIMITED LIABILITY COMPANY ACTION NECESSARY TO EFFECTUATE THE DISSOLUTION.

I/we submit this document and affirm that the facts stated herein are true. I/we am/are aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: ROBERT BERMAN

Electronic Signature of authorized person