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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BRANT, REITER, MCCORMICK & JOHNSON, P.A.

Account Number : 120040000043

Phone

: (904)358-2750

Fax Number

: (904)353-1166

LLC DISSOLUTION OR WITHDRAWAL STOLOGIX, LLC

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ARTICLES OF DISSOLUTION FOR STOLOGIX, LLC

The undersigned, being the Authorized Representative of STOLOGIX, LLC ("Company"), desiring to dissolve the Company under the Florida Revised Limited Liability Company Act, hereby certifies:

- The name of the limited liability company is STOLOGIX, LLC.
- 2. The Articles of Organization for the Company were filed on September 22, 2021, and assigned document number L21000418146.
- 3. The Company's dissolution is occurring pursuant to the written resolution of the Company's Member dated as of August 20, 2024, in accordance with Section 605.0701(2), Florida Statutes, as evidenced by the Company's execution hereof.
- 4. The date of dissolution shall be effective as of the date the Articles of Dissolution are filed by the Florida Department of State.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Dissolution.

DATED this 10 day of August, 2024.

STOLOGIX, LLC, a Florida limited liability company

By: Lyrimiali Stokes

Jeremiah Stokes, Manager & Sole

Member

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Notice of Limited Liability Company Dissolution

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Nama of Limite	d Liability Company:	
NATIO OF COMM	ber of Limited Liability Company is: 1.21000418146	
Document num	AUGUST 1/2024	
	ion was: AUGUST 10 2024	
Description of	information that must be included in a written claim:	
NAME, ADDRI	ESS AND TELEPHONE NUMBER OF CLAIMANT.	
DESCRIPTION	OF CLAIM.	
DATE OF CLA	 "	
AMOUNT OF		
	-	
Mailing addres	S where claims can be sent: (Claims cannot be sent to JOHNSON & DIRKSEN LAW	o the Division of Corporations)
	135 W. BAY ST. SUITE 400	<u> </u>
	JACKSONVILLE, FL 32202	
A claim again commenced w	st the above named limited fiability company will be eithin 4 years after the filing of this notice.	barred unless a proceeding to enforce the claim is
		Signed By:
JEREMIAH S	TOKES	Jeremiale Stokes
	Printed Name of the Person Filing	Signature of the Person Filing