

121000487271

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

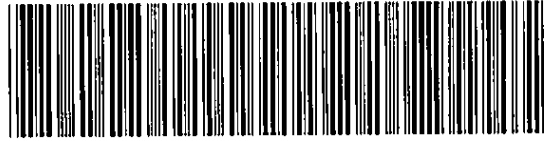
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
FEB - 7 2023

Office Use Only



300399479133

FILED

2023 FEB - 6 AM 9:01

SECRETARY OF STATE
TALLAHASSEE, FL

RECEIVED

2023 FEB - 6 PM 2:55

DIRECTOR'S OFFICE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301

850.656.7956

Fax: 850.656.7953

www.incserv.com

e-mail: accounting@incserv.com

incserv

ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau
mmoreau@incserv.com
850.656.7953

REQUEST DATE 2/6/2023

PRIORITY Regular Approval

OUR REF # (Order ID#) 1117951

ORDER ENTITY
STRIKER LABS, LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

STRIKER LABS, LLC (FL)

File the attached dissolution document and provide a certified copy.

NOTES:

\$55.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Striker Labs, LLC

(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:

Sarah Corrado

(Name of Person)

Orrick, Herrington, & Sutcliffe

(Firm/Company)

51 W. 52nd Street

(Address)

New York, NY 10019

(City/State and Zip Code)

For further information concerning this matter, please call:

Ross Karel

(Name of Person)

312

888-0155

at (

_____) _____
(Area Code & 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)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

FILED
2023 FEB -6 AM 9:01
SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is
Striker Labs, LLC
2. The Articles of Organization were filed on November 11, 2021 and assigned
document number 1.21000487271
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).
Proceeded with opening up a corporation in its place.

5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: Ross Karel: 802 E Whiting St., C/O Embare Collective, Tampa, FL 33602

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:

Ross Karel

Signature

Ross Karel

Printed Name

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

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.

Name of Limited Liability Company: Striker Labs, LLC

Document number of Limited Liability Company is: L21000487271

Date of dissolution was: _____

Description of information that must be included in a written claim:

A reasonable description of the claim that the claimant may be entitled to assert, including the name and mailing

address of the claimants and the estimated amount of the claim.

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

802 E Whiting St., C/O Embare Collective, Tampa, FL 33602

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Ross Karel

Printed Name of the Person Filing

Ross Karel

Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00