L22000161323

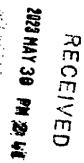
(Red	questor's Name)				
(Address)					
(Address)					
(City	//State/Zip/Phon	e #)			
PICK-UP	WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificate	s of Status			
Special Instructions to Filing Officer:					

Office Use Only



200408389382

2035 Y 30 PH 12: 28



Incorporating Services, Ltd.

incserv 1540 Glenway Drive

Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

ORDER FORM

FROM

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

Melissa Moreau mmoreau@incserv.com 850.656.7953

OUR REF.# (Order ID#) 1152251 REQUEST_DATE | 5/30/2023 PRIORITY Regular Approval

ORDER ENTITY FURORA, LLC.

the second communication to the second secon		•
PLEASE PERFORM THE FOLLOWING SERVI	CES:	
FURORA, LLC. (FL)		

File the attached dissolution document

NOTES: \$25.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

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.

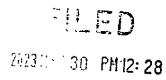
Tuesday, May 30, 2023 Page I of I

COVER LETTER

. . .

	stration Section sion of Corporations					
UBJECT:	FURORA, LLC.					
(Name of Limited Liability Company)						
he enclosed	Articles of Dissolution and fee(s) are submi	tted for filing.				
lease return :	all correspondence concerning this matter to	the following:				
	Jessica Furr					
	(Na	me of Person)				
	(Fir	rm/Company)				
		· · · · · · · · · · · · · · · · · · ·				
	2900 NE 7th Avenue, #907					
		(Address)				
	Miami, FL 33137					
	(City/St	ate and Zip Code)				
or further inf	formation concerning this matter, please call	l:				
Jessi	ica Furr	56 445-3096				
	(Name of Person)	at () (Area Code & Daytime Telephone Number)				
	(Name of Ferson)	(Area Code & Daytime Telephone Number)				
nclosed is a ef	heck for the following amount:					
■ \$ 25.0	■ \$25.00 Filing Fee and Certificate of Dissolution □ \$55.00 Filing Fee, Certificate of Dissolution					
		Certified Copy (additional copy is enclosed)				
	ing Address:	Street Address:				
	istration Section	Registration Section				
	ision of Corporations	Division of Corporations				
P.O. Box 6327 Tallahassee, FL 32314		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810				
1 411	MIMOROCE 1 15 5 2 5 1 7	Tallahassee Fl 32303				

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY



1. The name of a limited liab	ility company is	STATE STATE
FURORA, LLC.	· · · · · · · · · · · · · · · · · · ·	- 10 SSIE AL
2. The Articles of Organizati	on were filed on April 18, 20	22 and assigned
document number 1.22000	161323	
Note: If the date inserted in	e date cannot be prior to or more t	han 90 days later than date document is received for filing) oplicable statutory filing requirements, this date will not be
4. A description of occurrence 605.0707, Florida Statutes,	e that resulted in the limited (copy 605,0707 on back cov	liability company's dissolution pursuant to section ver letter).
	e days during which the compa	
5. If there are no members, e activities and affairs:	nter the name and address of Jessica Furr	the person appointed to wind up the company's
	2900 NE 7th Avenue, #907	
	Miami, Ft 33137	
6. Signature of an authorized above to wind up the compan	person or if there are no me y's activities and affairs:	mbers, the signature of the person appointed and listed
/s/ Jessica Furr		Jessica Furr
Signature		Printed Name

FILING FEE: \$25.00