L22000	0425970
(Requestor's Name) (Address) (Address)	100410169801
(City/State/Zip/Phone #)	02.19/203:010 -010 ++05.00
(Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer. J DENNIS	FILED SECRETARY OF STATE 2023 JUN IL PH L: [] -
AUG - 17 2023	

Office Use Only

COVER LETTER

TO: Registration Section Division of Corporations

۰,

ONEORIGIN 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:

Diana Garcia

(Name of Person)

Nelson Mullins Riley & Scarborough LLP

(Firm/Company)

100 S.E. 3rd Avenue, Suite 2700

(Address)

Fort Lauderdale, Florida, 33394

(City/State and Zip Code)

For further information concerning this matter, please call:

Diana Garcia	954	745-5227
	_ at ()
(Name of Person)	(Area Code	& Daytime Telephone Number)

Enclosed is a check for the following amount:

S25.00 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

 The name of a limited liability company is ONEORIGIN LLC

2. The Articles of Organization were filed on $\frac{10/4/2022}{2}$

document number	L22000428970
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- 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).

Consent of all the members and managers of the limited liability company

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:

tena Ang Signature

Dana Angelino

Printed Name

and assigned

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

2123 JUN 14 PH OF STATE This notice is submitted by the dissolved limited liability company named below for resolution of paymen 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.

ONEORIGIN LLC

Document number of Limited Liability Company is:

Date of dissolution was: _____

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

All claims must be provided in writing and all claims must be made within 4 years after the filing of this notice.

Claims must not be sent to the Florida Department of State, Division of Corporations.

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

1210 Stirling Rd

Suite 3B

Dania Beach, FL 33004

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.

Dana Angelino

Printed Name of the Person Filing

-0___

Signature of the Pei

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