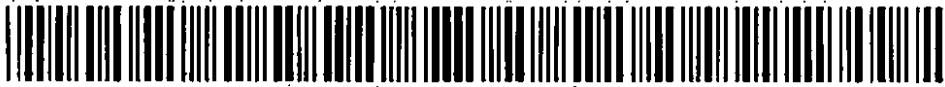


Florida Department of State
Division of Corporations
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L22000443701

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : GUNSTER,YOAKLEY & STEWART,P.A.
Account Number : 076117000420
Phone : (561)650-0728
Fax Number : (561)671-2527

**LLC DISSOLUTION OR WITHDRAWAL
OHM SFL FRANCHISE #1, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

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OCT 27 2023

K. Brumblay

**ARTICLES OF DISSOLUTION
FOR A
FLORIDA LIMITED LIABILITY COMPANY**

OHM SFL FRANCHISE #1, LLC

Pursuant to Sections 605.0701 and 605.0707 of the Florida Revised Limited Liability Company Act ("Act"), the undersigned hereby submit these Articles of Dissolution to the Florida Department of State:

1. The name of the limited liability company is OHM SFL FRANCHISE #1, LLC ("Company").
2. The Articles of Organization were filed with the Florida Department of State on October 14, 2022, and assigned Document Number L22000443701.
3. Pursuant to Section 605.0701 of the Act, dissolution was authorized by written consent of the holder of all of the issued and outstanding membership interests in the Company ("Member"), dated as of October 25, 2023.
4. All debts, obligations and liabilities of the Company have been paid or discharged.
5. All property and assets of the Company have been distributed to the Member.
6. There are no suits pending against the Company in any court.

IN WITNESS WHEREOF, the undersigned hereby executes these Articles of Dissolution as of the 25th day of October, 2023.

MANAGER:

/s/ Joshua M. Coba

JOSHUA M. COBA

APPROVED
AND
FILED
2023 OCT 26 PM 12:29

**NOTICE OF DISSOLUTION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

This Notice of Limited Liability Company Dissolution is submitted by the dissolving limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in Section 605.0712, Florida Statutes.

Name of Limited Liability Company: OHM SFL FRANCHISE #1, LLC

Document Number of Limited Liability Company: L22000443701

Date of Dissolution: The dissolution of the Company shall be effective upon the date of filing of the Articles of Dissolution with the Secretary of State of Florida.

Description of Information that must be included in a written claim: The information that must be included in a claim submitted pursuant to this Notice shall be as follows:

- (a) Name, address and telephone number of claimant.
- (b) Amount of claim, including, if applicable, principal, interest, penalties or other fees or charges.
- (c) A statement of the basis for the claim.
- (d) A copy of any and all writings evidencing the claim or upon which the claim is based. (e) A statement of whether or not the claimant has other claims against the company or its officers, agents or representatives, in their capacities as such, and, if the claimant states that the claimant has other claims, a statement of whether or not such other claims are being submitted pursuant to this Notice, or if such other claims will not be so submitted, a statement as to the reason why.

Mailing address where claims can be sent: A claim submitted pursuant to this Notice shall be mailed by certified or registered mail, return receipt requested, postage prepaid, to the following party: OHM SFL Franchise #1, LLC, Attn: Joshua M. Coba, 6800 SW 40th Street #192 Miami, Florida 33155.

A claim against OHM SFL Franchise #1, LLC will be barred unless a proceeding to enforce the claim is commenced within four years after the filing of this notice.

MANAGER:

/s/ Joshua M. Coba

JOSHUA M. COBA