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((Requestor's Name)
	(Address)
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,	(Address)
((City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
 ((Business Entity Name)
	(Document Number)
`	(Sociality (Manager)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:
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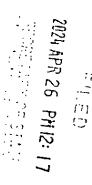
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COVER LETTER

Division of Corporations
SUBJECT: A HF Medicinals (CC
(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:
(Name of Person) AHF Medrinals LCC (Firm/Company) 8599 Smokey Road / P.O. Box 1162 (Address)
AHF Medicinals LLC
(Firm/Company)
8399. Smiskey Koad Pronson
Glen St. Mary FC 32040 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (904) 655 - 4378 (Areá Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee and Certificate of Dissolution Certified Copy (additional copy is enclosed) **Previously mailed Check for \$\mathbb{H} \times 2.50
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

2024 APR 26 PM 12: 17

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1.	The name of a limited liability company is AHF Medicinals (CC
2.	The Articles of Organization were filed on January 17, 2023 and assigned
	document number <u>L230000 3117</u> 7
3.	The delayed effective date the dissolution if not effective on the date of filing: Prid 21, 2024 (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 505.0707, Florida Statutes, (copy 605.0707 on back cover letter).
-	Company dissolved; No longer in business
-	
5.	If there are no members, enter the name and address of the person appointed to wind up the company's
;	activities and affairs: ('arria Nawkans
	8599 Smokey Road
	Glen St. many PC 32040
	Mailma adas! Post office office Bax 1162
6. : abo	Signature of an authorized person or if there are no members, the signature of the person appointed and listed ove to wind up the company's activities and affairs:
	Carin Hawkens Caria Hawkins

FILING FEE: \$25.00