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Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From: Carrie Ramos, FRP, Paralegal - PLEASE FAX CONFIRMATION TO 407 244-5690

Account Name : GRAYROBINSON, P.A. - ORLANDO

Account Number : 120010000078

Phone : (407)843-8880

Fax Number : (407)244-5690

LLC DISSOLUTION OR WITHDRAWAL
MARTHA JO'S PROPERTIES, LLC

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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FEB 26 2024

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF DISSOLUTION
FOR
MARTHA JO'S PROPERTIES, LLC

Pursuant to Section 605.0707, *Florida Statutes*, this Florida limited liability company submits the following articles of dissolution:

ARTICLE I

The name of the limited liability company is Martha Jo's Properties, LLC (the "Company"). The Company's Articles of Organization were filed on December 16, 1999 and assigned document number L99000008957.

ARTICLE II

The dissolution is effective upon the filing of these Articles of Dissolution.

ARTICLE III

The occurrence that resulted in the Company's dissolution pursuant to Section 605.0701, *Florida Statutes*, was the decision to dissolve the Company by the sole member of the Company, which was approved by the unanimous written consent of the sole member and manager of the Company.

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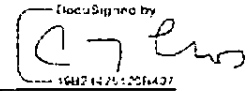
H24000071938.3

IN WITNESS WHEREOF, the undersigned has executed these Articles of Dissolution
effective as of the 21st day of February, 2024.

MARTHA JO'S PROPERTIES, LLC, a
Florida limited liability company

By: _____

Charles F. Nardi, M.D., Manager

Executed by

16812 12/25/2016/027

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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

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NOTICE OF LIMITED LIABILITY COMPANY DISSOLUTION

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 Section 605.0712, *Florida Statutes*.

NAME OF LIMITED LIABILITY COMPANY:

Martha Jo's Properties, LLC

DOCUMENT NUMBER OF LIMITED LIABILITY COMPANY:

L99000008957

DATE OF DISSOLUTION:

February 23, 2024

INFORMATION THAT MUST BE INCLUDED IN CLAIM:

1. Name of Claimant
2. Address of Claimant
3. Amount of Claim(s)
4. Description of facts giving rise to Claim
5. Claimant contact person and contact information

MAILING ADDRESS WHERE CLAIMS CAN BE SENT:

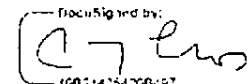
7812 NW 18th Lane
Gainesville, FL 32605

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

MARTHA JO'S PROPERTIES, LLC
a Florida limited liability company

By: _____

Charles F. Nardi, M.D., Manager

Electronically signed by:

190214254200457