## 111556

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





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11/29/18--01011--007 \*\*43.75

R. WHITE DEC 0 5 2018 2010 NOV 29 PH 2: 35 RECRETARY OF STATE

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| SUBJECT:             | LINCE                                        | E USA INC.                                                          |                                                                                            |
|----------------------|----------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| DOCUMENT NU          | JMBER:                                       | 7556                                                                |                                                                                            |
| The enclosed Arti    | cles of Dissolution and                      | fee are submitted for filin                                         | g.                                                                                         |
| Please return all co | orrespondence concernir                      | ng this matter to the follow                                        | wing:                                                                                      |
|                      | ROBERT V                                     | V. STEWART                                                          |                                                                                            |
|                      | (Name of                                     | Contact Person)                                                     |                                                                                            |
|                      | ROBERT W                                     | . STEWART P.A.                                                      |                                                                                            |
|                      | (Fir                                         | m/Company)                                                          | ·····                                                                                      |
|                      | 18001 OLD CUTI.                              | ER ROAD, SUITE 633                                                  |                                                                                            |
|                      | (/                                           | Address)                                                            |                                                                                            |
|                      | PALMETTO B.                                  | AY, FLORIDA, 33157                                                  |                                                                                            |
|                      | (City/St                                     | ate and Zip Code)                                                   |                                                                                            |
| For further inform   | ation concerning this ma                     | atter, please call:                                                 |                                                                                            |
| ROBE                 | RT W. STEWART                                | at (at)                                                             |                                                                                            |
| (Name                | of Contact Person)                           |                                                                     | (Daytime Telephone Number)                                                                 |
| Enclosed is a chec   | k for the following amo                      | unt:                                                                |                                                                                            |
| □ \$35 Filing Fee    | ■ \$43.75 Filing Fee & Certificate of Status | □ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | □ \$52.50 Filing Fee. Certificate of Status & Certified Copy (Additional copy is enclosed) |
| MAILING              | ADDRESS:                                     | STR                                                                 | EET ADDRESS:                                                                               |

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

| FIRST:  | The name of the corporation as currently filed with the Florida Department of State:  LINCE USA INC.                                                                                                                                                         |  |  |  |  |
|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| SECOND: | The document number of the corporation (if known):                                                                                                                                                                                                           |  |  |  |  |
| THIRD:  | The date dissolution was authorized: NOVEMBER 23, 2018                                                                                                                                                                                                       |  |  |  |  |
|         | Effective date of dissolution <u>if applicable</u> :  (no more than 90 days after dissolution file date)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will                                |  |  |  |  |
|         | (no more than 90 days after dissolution file date)  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. |  |  |  |  |
| FOURTH: | Adoption of Dissolution (CHECK ONE)                                                                                                                                                                                                                          |  |  |  |  |
|         | Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.                                                                                                                                          |  |  |  |  |
|         | ☐ Dissolution was approved by the shareholders through voting groups.                                                                                                                                                                                        |  |  |  |  |
|         | The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:                                                                                                                               |  |  |  |  |
|         | The number of votes cast for dissolution was sufficient for approval by                                                                                                                                                                                      |  |  |  |  |
|         | (voting group)                                                                                                                                                                                                                                               |  |  |  |  |
|         | Signature:  (By a director, president or other officer, if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)                                 |  |  |  |  |
|         | LEOPOLDO A. SCHMALZ                                                                                                                                                                                                                                          |  |  |  |  |
|         | (Typed or printed name of person signing)                                                                                                                                                                                                                    |  |  |  |  |
|         | PRESIDENT/DIRECTOR                                                                                                                                                                                                                                           |  |  |  |  |
|         | (Title of person signing)                                                                                                                                                                                                                                    |  |  |  |  |