NO700000511/2

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

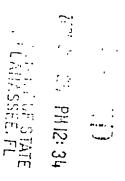
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07/24/24

COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: DISSOLUTION	of A Corpor	Hon	
DOCUMENT NUMBER: DOCUMENT NUMBER:	00008142		
The enclosed Articles of Dissolution and fee a	are submitted for filing.		
Please return all correspondence concerning th	is matter to the following:	:	
Brilla L. Sm	Contact Person)	4	454 B 19
SHEAR IN	ontact Person)	18 SS 18 18 18 18 18 18 18 18 18 18 18 18 18	
5120 NW 24th	Company) AVC	112: 34 STATE E. FL	(
Miami, FL (Add	dress) 33142-3624		
(City/State a	and Zip Code)		
For further information concerning this matter, Brille L. Smith (Name of Contact Person)	at (954) 804	2092 ephone Number)	
Enclosed is a check for the following amount:			
	5 Filing Fee & S52.50 Filing Fee, Ce fied Copy Status & Certified Co nal copy is enclosed) (Additional copy is a	ору	
Mailing Address: Amendment Section	Street Address: Amendment Section		

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF DISSOLUTION

Pursuant to section 617.1403, Florida Statutes, this Florida not for profit corporation submits the following Articles of Dissolution: FIRST: The name of the corporation as currently filed with the Florida Department of State: The document number of the corporation (if known): 107008808142 SECOND: THIRD: Adoption of Dissolution (COMPLETE SECTION I OR II) SECTION I If the corporation has members entitled to vote: (CHECK/COMPLETE ONE) The date of meeting of members at which the resolution to dissolve was adopted The resolution was adopted by written consent of the members and executed, in accordance with section 617.0701, Florida Statutes. SECTION II If the corporation has no members or members entitled to vote on the dissolution: The corporation has no members or members entitled to vote on the dissolution. The date of adoption of the resolution by the board of directors was 7-9-24The number of directors in office was _____ and the vote for resolution was ____ for and \mathcal{O} against. (Must be a majority vote) Effective date of dissolution, if applicable: FOURTH (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. Signature (By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

Filing Fee: \$35

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 617.1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution. Name of Corporation: Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution. Description of information that must be included in a claim: Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporation,

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

BRILLA L SMITH Bulla L. Smith

Printed Name of the Person Filing

Signature of the Person Filing