STATEMENT OF FACT

FOR

DOCUMENT RECORDED WITH

FLORIDA DEPARTMENT OF STATE

SECTION A - Business Entity Information
Name of Business Entity: LOVITS Arms Inc
Florida Department of State Document/Registration Number: N 1+00002315
SECTION B - Name and Address of Individual Submitting Form
Name: Diana E. Baker Velex
-
2202 his Brance Canyon Lap Kissimmae FL34759
SECTION C - Identify Department of State Document Filed
Title of the Document Filed: VOluntory Dissolution
Date of Filing: 930 2019
Section D – Reason(s) for Submission
Document was filed without my authorization, knowledge or consent.
The voluntary dissolution as filed the document to the wrong antity while trying to correct one of my own filestated Florida
Acknowledged before me this 12 day of JUNE, 20 20 by
Acknowledged before me this 12 day of 10 10 , 20 20 , by
Disa andreas
Signature of Notary Public
(Seal) Notary Public State of Florida Lisa Andrews My Commission GG 008309 Expires 07/04/2020

Personally known:	Print, OR Produced Identification:	, Type/Stamp Name of Notary
Type of Identification Produc	ted:	······································



ARTICLES OF DISSOLUTION

Pursuant to section 617.1401, 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:

LOVING ARMS INC

SECOND: The document number of the corporation: N17000002315

THIRD: The file date of the articles of incorporation: March 6, 2017

FOURTH: The corporation has not commenced to conduct its affairs.

FIFTH: No debt of the corporation remains unpaid.

SIXTH: The dissolution was authorized by a majority of the incorporators.

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: DIANA E. BAKER VELEZ PRESIDENT

Electronic Signature of Signing Officer, Director, Incorporator or Authorized Representative