## NACOOCOSIZI

(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:			
Q. SILAS			
OCT 2 / 2021			

Office Use Only



100375042051

10/18/21-+01015-+010 ++43.75



## **COVER LETTER**

TO: Amendment Section

Tallahassee, FL 32314

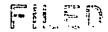
**Division of Corporations** 

SUBJECT: LIFTING AS WE	CLIMB OF SO	OUTH FLORIDA INC		
DOCUMENT NUMBER:				
The enclosed Articles of Di	ssolution an	d fee are submitted fo	r filing.	
Please return all correspond	ence concert	ning this matter to the	following:	
KATRINA LADSON				
	(Na	me of Contact Person)		
HIDDEN TREASURES BUSIN	ESS & FINAN	CE EMPORIUM LLC		
		(Firm/Company)		
150 S. PINE ISLAND ROAD, S	UITE 300			
		(Address)		
PLANTATION, FL 33324				
	(City	//State and Zip Code)		
For further information con-	cerning this i	matter, please call:		
KATRINA LADSON		954 at (	(Daytime Telephone Number)	
(Name of Contac	t Person)	(Area Code)	(Daytime Telephone Number)	
Enclosed is a check for the	following an	nount:		
	Filing Fee & ate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)	
Mailing Address: Amendment Section		Street A	<u>address:</u> Iment Section	
Division of Corporations		Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## 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: LIFTING AS WE CLIMB OF SOUTH FLORIDA. INC				
SECOND:	The document number of the corporation (if known):				
THIRD:	The file date of the articles of incorporation: 07/24/2020				
FOURTH	The corporation has not commenced to conduct its affairs.				
FIFTH:	No debts of the corporation remains unpaid.				
SIXTH:	Adoption of Dissolution (CHECK ONE) (Note: Cannot be authorized by an incorporator if the corporation has directors)				
	☐The dissolution was authorized by a majority of the directors: OR				
	☐ The dissolution was authorized by an incorporator.				
	■ The dissolution was authorized by a majority of the incorporators.				
2	(By the chairman or vice chairman of the board, president or other officer- if directors have not been an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)				
	MALICHAND BAIN-HARRIS				
	(Typed or printed name of person signing)				
	PRESIDENT				
	(Title of person signing)				

## 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.

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:  Name, address, telephone number, description of claim in question and amount.	ORIDA, INC.
	th the Department of State or as specified in the
Name, address, telephone number, description of claim in question and amount.	
	and amount.
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)	e sent to the Division of Corporations)
295 NW 107TH Avenue	
Coral Springs, FL 33071	
A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commence within 4 years after the filing of this notice.	unless a proceeding to enforce the claim is commenced
MALICHAND BAIN-HARRIS  Printed Name of the Person Filing  Signature of the Person Filing	M. Grand Pron - House