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(Rec	questor's Name)
(Add	dress)
(Add	dress)
(City	//State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bus	siness Entity Name)
(Doc	cument Number)
Certified Copies	Certificates of Status
Special Instructions to F	Filing Officer:
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SECRETARY OF STATE
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COVER LETTER

TO: Amendment Section Division of Corporations	·	
SUBJECT: INGENICARD US,	INC.	
POCUMENT NUMBER. P0300000	11000	
DOCUMENT NUMBER: PU30000	01999	
The enclosed Articles of Dissolution and fee a	re submitted for filing.	
Please return all correspondence concerning this	s matter to the following:	
Jeffrey Exposito, Esq.		
(Name of Con	tact Person)	
THE EXPOSITO LAWFIR	M PA	
(Firm/Co	ompany)	
12550 Biscayne Blvd. Suite 800		
• (Addre	ess)	
Miami, FL 33181		
(City/State and Zip Code)		
For further information concerning this matter,	please call:	
Jeffrey Exposito	786 333-3073	
(Name of Contact Person)	at (786) 333-3073 (Area Code & Daytime Telephone Number)	
,	(Med Code & Baytime Telephone Namoer)	
Enclosed is a check for the following amount:		
Certificate of Status (A	S43.75 Filing Fee & S22.50 Filing Fee, Certified Copy Additional copy is enclosed) S43.75 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)	
MAILING ADDRESS:	STREET ADDRESS:	
Amendment Section Division of Corporations	Amendment Section Division of Corporations	
P.O. Box 6327	Clifton Building	

Tallahassee, FL 32314

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: Ingenicard US, Inc.			
SECOND:	The document number of the corporation (if known): P0300001999			
THIRD:	The date dissolution was authorized: October 23, 2019	+		
	Effective date of dissolution if applicable: October 23, 20 (no more than 90 days after dissolution	14		
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 e to vote separately on the plan to dissolve:	ntitled		
	The number of votes cast for dissolution was sufficient for approval by			
	(voting group)	14 香V-6		
	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)	5 PH 12: 12		
	Jose Estefano	•		
	(Typed or printed name of person signing)	,		
	President			
	(Title of person signing)			

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. 607.1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.

Ingenicand US INC. 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 Corporations) 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. ature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00