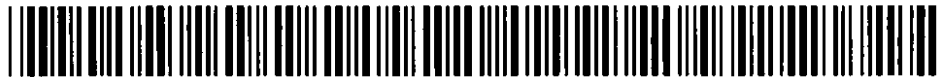


P03000071069

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number
(shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : HILL WARD HENDERSON
Account Number : 072100000520
Phone : (813)221-3900
Fax Number : (813)200-5995

**DISSOLUTION OR WITHDRAWAL
MEDALLION PRESS, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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HILL WARD HENDERSON & P

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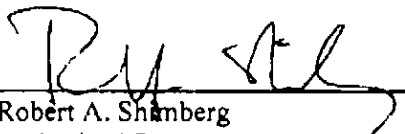
**ARTICLES OF DISSOLUTION
OF
MEDALLION PRESS, INC.
(P03000071069)**

MEDALLION PRESS, INC., a Florida corporation, organized and existing under the laws of the State of Florida (the "Corporation"), in order to dissolve in accordance with the requirements of the Florida Business Corporation Act (Chapter 607, *Florida Statutes*), does hereby submit these Articles of Dissolution pursuant to the requirements of Section 607.1403, *Florida Statutes*:

1. The name of the Corporation is MEDALLION PRESS, INC.
2. The dissolution of the Corporation was authorized on September 25, 2020.
3. The net assets of the Corporation remaining after winding up have been distributed to the shareholder.
4. These Articles of Dissolution shall be effective upon filing.

DATED May 20, 2021

MEDALLION PRESS, INC.

By: 
Robert A. Shanberg
Authorized Representative

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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: MEDALLION PRESS, 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:

IF YOU FEEL THAT YOU HAVE A POSSIBLE CLAIM, PLEASE CONTACT IN WRITING THE PERSON
BELOW WITH A DETAILED DESCRIPTION OF THE NATURE AND AMOUNT OF THE ASSERTED CLAIM.

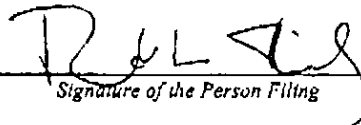
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

PO BOX 2231
TAMPA, FL 33601

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.

ROBERT A. SHIMBERG

Printed Name of the Person Filing


Signature of the Person Filing

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

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