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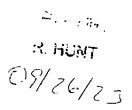
(Requestor's Name)
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PICK-UP WAIT MAIL
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COVER LETTER

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations		
subject: <u>Displution</u> o-	f Mediar,	Inc.
DOCUMENT NUMBER: PO 30	000117664	
The enclosed Articles of Dissolution and	fee are submitted for fili	ng.
Please return all correspondence concerni	ng this matter to the follo	owing:
Rose A	nn Flynn f Contact Person)	
	_	
Fi Fi	m/Company)	2023
	- -	2023 SEP 26
214 SE 13th Street	Address)	
Fort Lauderdale (City/s	, FI 33	2023 SEP 26 PH 12: 40
(City/S	tate and Zip Code)	0
For further information concerning this m	natter, please call:	
(Name of Contact Person)	at ((4.5.4.) (Area Code)	356-0008 Ext. (Daytime Telephone Number)
Enclosed is a check for the following amo	ount:	
□ \$35 Filing Fee □ \$43.75 Filing Fee & Certificate of Status	& [] \$43.75 Filing Fee of Certified Copy (Additional copy is enclosed)	& 🖾 \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327	Am Div	eet Address: endment Section ision of Corporations Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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	e:	
SECOND:	The document number of the corporation (if known): PO 3000117664		_
THIRD:	The date dissolution was authorized: September 14, 2023		_
	Effective date of dissolution if applicable: Sentenber 26, 20 (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, to not be listed as the document's effective date on the Department of State's records.	tc)	
FOURTH:	Dissolution was approved by the shareholders, in the manner required by this chap the articles of incorporation.	iter an	d
		2023 SEP 26	DIVISION OF C
		PM 12: 40	ORPORATION
	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)	-	- -
	Rose Ann Flynn (Typed or printed name of person signing)		
	President		

Filing Fee: \$35