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COVER LETTER

TO: Amendment Section

Tailahassee, FL 32314

Division of Corporations SUBJECT: ILLA INC. DOCUMENT NUMBER: The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: DINA PETTONI (Name of Contact Person) STERN ASSOCIATES (Firm/Company) 6400 CONGRESS AVENUE SUITE 1650 (Address) BOCA RATON, FL. 33487 (City/State and Zip Code) For further information concerning this matter, please call: DINA PETTONI (Name of Contact Person) (Area Code) (Daytime Telephone Number) Enclosed is a check for the following amount: □ \$35 Filing Fee □ \$43.75 Filing Fee & □ \$43.75 Filing Fee & ■ \$52.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (Additional copy is Certified Copy enclosed) (Additional copy is enclosed) Mailing Address: Street Address: Amendment Section Amendment 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 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:
SECOND:	The document number of the corporation (if known):
THIRD:	The date dissolution was authorized: MARCH 31, 2023
	Effective date of dissolution if applicable: MARCH 31, 2023
	(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, this date will not be listed as the document's effective date on the Department of State's records.
FOURTH:	Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.
S	(By a director, president of 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)
	LORETTA TIMM COTE
	(Typed or printed name of person signing)
	PRESIDENT (Con Cirim Cots James day Von o ma facolice
	(Title of person signing)

Filing Fee: \$35