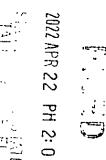
(Re	equestor's Name)	_
(Ad	ldress)	
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PICK-UP	☐ WAIT	MAIL
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£ 4/8/2022

COVER LETTER

TO: Amendment Section

Tallahassee, Fl. 32314

Division of Corporations
SUBJECT: CORPORATION DISSULUTION
DOCUMENT NUMBER: P 0400091730
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
DESIRBIS LOTZ (Name of Contact Person)
HELPING HANDS LIB IMPROVEMENT CENTER (Firm/Company) USA INC 411 CLEVELAND STR # 138 (Address)
(Address)
CLISARINATISE FL 33755 - 4004 (City/State and Zip Code)
For further information concerning this matter, please call:
OSSIRISTS LOTZ at (727 - 642 - 8087 (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$43.75 Filing Fee & S43.75 Filing Fee & Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & S52.50 Filing Fee. Certified Copy (Certified Copy (Additional copy is enclosed)
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

2022 APR 22 PH 2: 01

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles:

FIRST:	The name of the corporation as currently filed with the Florida Department of State:		
	HELPING HANDS LIFE IMPROVEMENT CENTER,		
SECOND:	The document number of the corporation (if known): $\frac{P}{O400091730}$		
THIRD:	The date dissolution was authorized: $4-4-2022$		
	Effective date of dissolution if applicable: Ino 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.		
	Signature:		
	(By a director president or other officer diffdirectors 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)		
	(Typed or printed name of person signing)		
	PRESIDENT		
	(Title of person signing)		

Filing Fee: \$35