

POS 000 155179

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.

(((H24000368211 3)))



H240003682113ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : REZLEGAL, LLC
Account Number : 120140000033
Phone : (904) 685-9321
Fax Number : (904) 567-1066

DISSOLUTION OR WITHDRAWAL
AZCK, INC.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

FILED
2024 NOV -5 AM 9:48
SECRETARY OF STATE
TALLAHASSEE, FL

RECEIVED

2024 NOV -5 PM 1:59

Electronic Filing Menu

Corporate Filing Menu

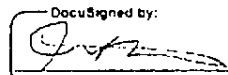
Help

H24000368211 3

ARTICLES OF DISSOLUTION
FOR
AZCK, INC.

1. The name of the corporation as currently filed with the Florida Department of State is AZCK, Inc. (the "Company").
2. The Articles of Incorporation were filed on November 21, 2005, and assigned document number P05000155179.
3. Dissolution of the Company was approved as of August 14, 2024 by the written consent of the director and shareholder of the Company. The number of votes cast for dissolution was sufficient for approval. Dissolution of the Company shall be effective immediately.

The undersigned Director of the Company hereby approves the above Articles of Dissolution as of November 4, 2024.

DocuSigned by:

OC0C194573B64D1
Juliet Sullivan Maguire, Director

2024 NOV -5 AM 9:48
OFFICE OF THE CLERK
TALLAHASSEE, FL

FILED

H24000368211 3

H24000368211 3

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.

Name of Corporation: AZCK, Inc.

Document Number of Corporation is: P05000155179.

Date of Dissolution will be the date the Articles of Dissolution are filed with the Department of State.

Description of information that must be included in a written claim:

Date of event giving rise to claim.

Nature of claim/description of event giving rise to claim.

Amount of claim.

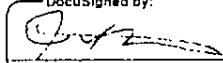
Name and contact information of claimant.

Copies of any written agreement or other documentation supporting claim.

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

Juliet Sullivan Maguire
400 Sterling Plaza Dr., Ste 403
Ponte Vedra, FL 32081

A claim against the above-named corporation will be barred unless a proceeding to enforce the claim is commenced within four years after the filing of this notice.

DocuSigned by:

0C0C1B4B73B84C1...
Juliet Sullivan Maguire

FILED
2024 NOV -5 AM 9:48
DIVISION OF STATE
TALLAHASSEE, FL

H24000368211 3