

## ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, Florida Statutes, this Florida corporation submits the following Articles of Dissolution:

- FIRST: The name of the corporation as currently filed with the Florida Department of State:  
TRIANGLE STRUCTURE INC
- SECOND: The document number of the corporation: P07000098677
- THIRD: The file date of the articles of incorporation: September 4, 2007
- FOURTH: None of the corporation's shares have been issued.
- FIFTH: No debt of the corporation remains unpaid.
- SIXTH: The net assets of the corporation remaining after winding up, if any, have been distributed.
- SEVENTH: A majority of the incorporators or directors authorized the dissolution.

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: CRISTINA GONZALEZ PRESIDENT  
\_\_\_\_\_  
Electronic Signature of Signing Officer, Director, Incorporator or Authorized Representative

## **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:

TRIANGLE STRUCTURE 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:

THE SMALL BUSINESS HAS BEEN GREATLY AFFECTED IN RECENT YEARS AS A RESULT OF COVID IT HAS HAD LOSSES AND DEBTS TRYING TO MAINTAIN ITSELF BUT IT HAS BEEN IMPOSSIBLE DUE TO THE LACK OF WORK OR JOB OFFERS THANKS

Mailing address where claims can be sent:

4327 PILGRIM WAY  
JACKSONVILLE, FL 32257

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.

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: CRISTINA GONZALEZ

Electronic Signature of the Person Filing