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COVER LETTER

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations SUBJECT: ALL ABOUT SILICON, INC. DOCUMENT NUMBER: <u>P0</u>8000000200 The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: HEIKE BUSBY (Name of Contact Person) ALLURE ACCOUNTING, LLC (Firm/Company) 3665 BONITA BEACH ROAD, STE. 1-3 (Address) **BONITA SPRINGS, FL 34134** (City/State and Zip Code) For further information concerning this matter, please call: MARENA LOEFFLER (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed is a check for the following amount: ✓\$35 Filing Fee S43.75 Filing Fee & S52.50 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 Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

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:
	ALL ABOUT SILICON, INC.
SECOND:	The document number of the corporation (if known): POSOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOO
THIRD:	The date dissolution was authorized: 5-24-20//
	Effective date of dissolution <u>if applicable:</u> (no more than 90 days after dissolution file date)
FOURTH:	Adoption of Dissolution (CHECK ONE)
	Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.
	Dissolution was approved by the shareholders through voting groups.
	The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:
	The number of votes cast for dissolution was sufficient for approval by
	~·.
	(voting group)
	AR JUN TO A STATE OF THE STATE
	Signature: (By a director, president or other officer - if directors or officers have not been selected, by A an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)
	Hidraela Schwartz (Typed or printed name of person signing)
	President (Title of person signing)

Filing Fee: \$35