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☐ PICK-UP

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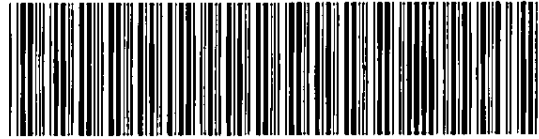
(Business Entity Name)

(Document Number)

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CT CORP
(850) 656- 4724
3458 Lakesore Drive
Tallahassee, FL 32312

Date: 12/27/2024

Acc#I20160000072

en: c DW

Name:	SHEPPARD MANAGEMENT INC.
Document #:	
Order #:	16059952

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
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Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>	Email Address for Annual Report Notifications: <div></div>
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Verifier _____
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Amount: \$ **43.75**

Thank you!

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Sheppard Management, Inc.

DOCUMENT NUMBER: P08000084409

The enclosed Articles of Dissolution and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Shannyn Yates

(Name of Contact Person)

Venable LLP

(Firm/Company)

2049 Century Park East, Suite 2300

(Address)

Los Angeles, CA 90067

(City/State and Zip Code)

For further information concerning this matter, please call:

Shannyn Yates

at (310) 229-0442

(Name of Contact Person)

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee,
Certificate of Status &
Certified Copy
(Additional copy is
enclosed) |
|--|--|---|---|

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
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:
Sheppard Management, Inc.

SECOND: The document number of the corporation (if known): P08000084409

THIRD: The date dissolution was authorized: 12/16/2024

Effective date of dissolution if applicable: _____

(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.

Signature: _____

(By a director, president or 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)

Dmitry Nadienko

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35