

## **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:  
AB EXECUTIVE HARDWOOD FLOORS, INC.
- SECOND:** The document number of the corporation: P09000008642
- THIRD:** The file date of the articles of incorporation: January 28, 2009
- 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: ABDERRAFIE BOUSSATTA 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:

AB EXECUTIVE HARDWOOD FLOORS, 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:

I HAD AN ACCIDENT ON 01-12-2024. I CUT MY FINGERS ON LEFT HAND USING TABLE SAW. THE LEFT THUMB HAS TO BE AMPUTATED AND TWO FINGERS HAD LACERATION WITH TENDON. I AM ON 2025 AND STILL HAVE PAIN ON MY LEFT HAND.

Mailing address where claims can be sent:

887 SPANISH MOSS DR  
CASSELBERRY, FL 32707

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: ABDERRAFIE BOUSSATTA

Electronic Signature of the Person Filing