

P10000026535

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

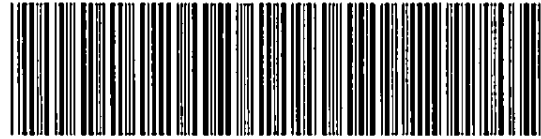
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900436309549

RECEIVED
2024 SEP 10 AM 8:46
SECRETARY OF STATE
TALLAHASSEE, FL

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2024 SEP 10 PM 3:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

IS HUNT
C 9/10/24



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: x61563

To: Department Of State, Division Of Corporations
From: Shauna Godbolt
Ext: x61563
Date: 09/10/24
Order #: 1620290-1
Re: Overon Us, Inc.
Processing Method: Routine

TO WHOM IT MAY CONCERN:

A handwritten signature in black ink, appearing to read 'Shauna Godbolt', is written over the 'TO WHOM IT MAY CONCERN:' line.

Enclosed please find:

Application for Dissolution/Cancellation/Termination

Amount to be deducted from our State Account: \$35.00 - FL State Account Number:
I20000000195

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: OVERON US, INC.

DOCUMENT NUMBER: P10000026535

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

Please return all correspondence concerning this matter to the following:

Erika Lucas

(Name of Contact Person)

Mediapro US, Inc.

(Firm/Company)

7291 NW 74 St.

(Address)

Miami, FL 33166

(City/State and Zip Code)

For further information concerning this matter, please call:

Erika Lucas

(Name of Contact Person) 305-357-6000 ext. 6146

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$35 Filing Fee \$43.75 Filing Fee & Certificate of Status \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) \$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:
OVERON US, INC.

SECOND: The document number of the corporation (if known): PI0000026535

THIRD: The date dissolution was authorized: September 6, 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.

FIFTH: All remaining property and assets have been distributed to its parent, Mediapro US, Inc. pursuant to a liquidating distribution.

Signature: Irantzu Diez-Gamboa
Irantzu Diez-Gamboa (Sep 6, 2024 11:15 EDT)

(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 or that fiduciary)

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SECRETARY OF STATE
TALLAHASSEE FL

Irantzu Diez Gamboa

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35

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.

This "*Notice of Corporate Dissolution*" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: OVERON US, INC.

The above named corporation is the subject of dissolution and the effective date of a dissolution is: _____

September, 2024

(date filed with the Dept. if date specified in the Articles of Dissolution)

Description of information that must be included in a claim:

A claim should include the amount allegedly owed, the facts of, or basis for, the claim, the date on which the claim accrued, whether the claim is secured, unsecured, and/or contingent, and copies of any invoices, contracts, purchase orders, instruments of indebtedness and any other information in your possession on which a claim is based.

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

7291 NW 74 St., Miami, FL 33166

Attn: President

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CLERK OF STATE
TALLAHASSEE, FL

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.

Irantzu Díez Gamboa

Printed Name of the Person Filing

Irantzu Díez-Gamboa

Irantzu Díez-Gamboa (Sep 6, 2024 17:15 EDT)

Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00