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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6380

From:

Account Name : GUNSTER, YOAKLEY & STEWART, P.A.  
Account Number : 076117000420  
Phone : (561)650-0728  
Fax Number : (561)671-2527

**DISSOLUTION OR WITHDRAWAL  
WESTPORT ASSET FUND, INC.**

Certificate of Status	0
Certified Copy	0
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2023 MAY -2 AM 9:33  
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TALLAHASSEE, FL

2023 MAY -2 PM 4:39

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**ARTICLES OF DISSOLUTION  
OF  
WESTPORT ASSET FUND, INC.**  
*(A Florida Profit Corporation)*

*Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation, submits the following Articles of Dissolution:*

1. The name of this Florida corporation is: Westport Asset Fund, Inc. (the "Corporation").
2. The document number of the Corporation is P11000103312.
3. The dissolution was approved as of May 2, 2023. The effective date of dissolution is the date of filing of these Articles of Dissolution with the Florida Department of State.
4. Dissolution was recommended by the members of the board of directors of the Corporation and approved by the holder of all of the issued and outstanding capital stock of the Corporation. The number of votes cast for dissolution was sufficient for approval.

DATED: As of May ✓, 2023

WESTPORT ASSET FUND, INC.

By: \_\_\_\_\_

Name: Eugene Beard

Title: President

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TALLAHASSEE, FL

## NOTICE OF CORPORATE DISSOLUTION

This Notice of Corporate Dissolution is submitted by the dissolving corporation named below for resolution of payment of unknown claims against this corporation as provided in Section 607.1407, Florida Statutes.

**Name of Corporation:** WESTPORT ASSET FUND, INC.

**Document Number of Corporation:** P11000103312

**Date of Dissolution:** The date the Articles of Dissolution is filed with the Department of State.

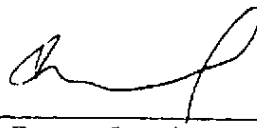
**Description of Information that must be included in a written claim:** The information that must be included in a claim submitted pursuant to this Notice shall be as follows:

- (a) Name, address and telephone number of claimant.
- (b) Amount of claim, including, if applicable, principal, interest, penalties or other fees or charges.
- (c) A statement of the basis for the claim.
- (d) A copy of any and all writings evidencing the claim or upon which the claim is based.
- (e) A statement of whether or not the claimant has other claims against the corporation or its directors, officers, agents or representatives, in their capacities as such, and, if the claimant states that the claimant has other claims, a statement of whether or not such other claims are being submitted pursuant to this Notice, or if such other claims will not be so submitted, a statement as to the reason why.

**Mailing address where claims can be sent:** A claim submitted pursuant to this Notice shall be mailed by certified or registered mail, return receipt requested, postage prepaid, to the following party Westport Asset Fund, Inc., 101 Worth Avenue, PH-C, Palm Beach, Florida 33480.

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.

**WESTPORT ASSET FUND, INC.**

By:   
 Name: Eugene Beard  
 Title: President

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